Sewer Acct. #:

4112195100

Company: ST LOUIS UNIVERSITY HOSPITAL

Address: 3635 & 3655 Vista Ave.

City: St. Louis

State and Zip: MO , 63110

Ind_id

File Code

File Description

64150

350

ARQUIVED INDUSTRXV

ACCOUNT NUMBER: 41121951-00

COMPANY NAME: ST LOUIS UNIVERSITY HOSPITAL

CORRESPONDENCE

FROM <u>03-11-94</u> THRU <u>12-16-08</u>

X CORRESPONDENCE LOCATED IN ARCHIVE FILE CABINET



Metropolitan Saint Louis Sewer District 2350 Market Street Saint Louis, Missouri 63103-2555

ST. LOUIS UNIVERSITY HOSPITAL 3635 Vista Ave. St. Louis, MO 63110-0250

Attn: Skip Bowders

Energy Center Supervisor

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 4112195100.

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2008.

Fee will be included in a separate bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2008 through September 30, 2009 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at **3635 & 3655 Vista Ave.**

Base charge @ \$150.00 per permit Volume charge @\$0.72 per average daily Ccf Sample Point Charge @\$100.00 per sample point

158.38 Ccfs 5 points \$150.00 \$114.03 \$500.00

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

THIS IS NOT A BILL DO NOT PAY NOW

FEE WILL BE INCLUDED IN A SEPARATE BILL

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Company: St. Louis University Hospital Premise Address: 3635 & 3655 Vista Ave. MSD Classes: SIU CIU Surcharge No Process Flow Multi- Company Representative: Skip Bowders Title: Energy Center Supervisor Inspector: J. Goodall Others Present: None Inspection Date: 10/29/08 Time: From NOTE: ALL ITEMS ARE TO BE COMPLETED BASED O INFORMATION PROVIDED BY COMPANY DURING	To 02:0	Phone#: 314-5 O PM (Last In INSPECTION. ANSW	63110 -Toxic Waste ag 77-8070							
*** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports ***										
A. ARE THERE ADDITIONAL ACCOUNT NUMBERS? List them, note any changes: 41121950-00, 90091536-01 B. Were all acct no's verified & active on billing system(or corrected)? Yes No No Did all acct no's have water usage on PIMS? D. If no to B or C, explain:										
2. PROCESSES & CLEANUP/WASHDOWN:	Cont/ Batch	Water Used?		Sample pt.						
Hospital care/surgical operations	Cont	Yes	Daily	001,002						
Clinical & research labs	Cont	Yes	Daily	001,002						
In-patient psychiatric care & cancer treatment	Cont	Yes	Daily	001,002,003, 004,005						
	(None)	N/A								
	(None)	N/A N/A								
	(None)	N/A								
3. PRETREATMENT (other than grease traps) -	describe:			Sample pt.						
Silver recovery (electrolytic & meta	llic replac	cement)		001,002						

4. DOES COMPANY HAVE ANY GREASE TRAPS? If yes: A. List sample points: 001 B. What is the frequency for cle C. Are enzymes (not bacteria) us D. If yes to C, was co. told to sto E. Was co. informed that MSD perfor	ed in traps p or switch	s? to appro	ved bacteria?	Yes No Yes No Yes No Yes No Yes No Yes No						
5. HAS COMPANY CONSTRUCTED ANY NEW BLDG If yes: A. Did company notify MSD Engine B. If no or unknown, has inspect C. Comments:	ering's Pla	an Revie	w group? Unkn	P? Yes No						
6. HAS COMPANY BEGUN DISCHARGING ANY NE	EW POLLUTAN'	TS SINCE	THE LAST INSP?	Yes□ No⊠						
If yes: A. List pollutants & process:										
B. Will MSD STP exceed existing C. Will MSD STP's discharge exce (MSD must notify MDNR if B or D. Comments:	ed 0.1 mg/]	for an	y new pollutant							

	THERE ANY FEDERA A. List reg. & d					Yes∏ No⊠					
	S CATEGORICAL WAS		BINE WITH N	ION-CAT. W	W PRIOR TO SAMPLING?	Yes∐ No⊠					
-	B. Current applie C. If no, list co	ed factor:	or/explain?		Is it correct?	Yes No					
9. IS If yes:		ts?				Yes∏ No⊠					
	B. Since calcula production raC. If yes to B,	te or discha	e current arge volume 	limits, h changed	has the long term avg by 20% or more?	Yes∏ No∏					
	RE ANY RADIOACTIVE MATERIALS HANDLED? : A. Describe operations & disposal: Muclear medicine isotopes are decay then sewered or hauled or disposal. B. Does company have MSD authorization for disposal to sewer? NA										
	B. Does company ! C. Original auth D. Date of lates E. Average annual	orization da t notificati	horization ate: 4/2/ on of incr	for disp 99 ease:	osal to sewer? NA□ None⊠	Yes No					
	F. Has long term	annual amt	increased	- >20% from	approved/notified eason for increase)	Yes No					
	DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? A. Explain how use was verified & any needed changes: High volume usage appears normal for hospital in order to maintain san										
	contitions.	appears no	rmal for h	ospital i	n order to maintain san	itary					
12. DOE If yes:	A. Describe: Ev	aporative lo	ss from bo	iler and	DISCHARGED TO SEWER?	Yes⊠ No□					
В.	B. Was "Return Factor Program" brochure given to company? (regardless of whether some water is not discharged to sewer)										
	(regardless of wi	lether some	. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE								
THE	COMPANY EXCEEDED	ORDINANCE I	DISCHARGE L HE LAST 12	MONTHS?		Yes No					
THE If yes:	COMPANY EXCEEDED LAST INSPECTION (ORDINANCE I OR WITHIN TH	DISCHARGE L ME LAST 12 Sample	MONTHS? Is prob	olem resolved?	Yes⊠ No∏					
THE If yes:	COMPANY EXCEEDED	ORDINANCE I OR WITHIN TH	DISCHARGE L ME LAST 12 Sample	MONTHS? Is prob	olem resolved? Describe Additional sampling s						
THE If yes:	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant	ORDINANCE I OR WITHIN TH When	DISCHARGE L HE LAST 12 Sample Points	MONTHS? Is prob Yes/No Yes N/A	lem resolved? Describe						
THE If yes:	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant	ORDINANCE I OR WITHIN TH When	DISCHARGE L HE LAST 12 Sample Points	MONTHS? Is prob Yes/No Yes N/A N/A	olem resolved? Describe Additional sampling s						
THE If yes:	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant	ORDINANCE I OR WITHIN TH When	DISCHARGE L HE LAST 12 Sample Points	MONTHS? Is prob Yes/No Yes N/A N/A N/A	olem resolved? Describe Additional sampling s						
THE If yes:	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant	ORDINANCE I OR WITHIN TH When	DISCHARGE L HE LAST 12 Sample Points	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A	olem resolved? Describe Additional sampling s						
THE If yes:	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G	ORDINANCE I OR WITHIN TH When	DISCHARGE L ME LAST 12 Sample Points 003	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A	olem resolved? Describe Additional sampling s						
THE If yes: B. 14. HAS	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G	ORDINANCE I OR WITHIN TH When 9/11/07 urce could b	SISCHARGE LAST 12 Sample Points 003 e identifi	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A N/A Ed.	Describe Additional sampling streturn to compliance.						
THE If yes: B. 14. HAS	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G Comments: No south	ORDINANCE IDENTIFIED WITHIN THE WHEN 9/11/07 INCREMENTAL CATEGORICAL DR WITHIN THE	DISCHARGE LE LAST 12 Sample Points 003 De identifi PRETREATM E LAST 12 Sample	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A N/A STANCE ENT LIMIT MONTHS? Is prob	Describe Additional sampling streturn to compliance. S SINCE NA lem resolved?	howed					
THE If yes: B. 14. HAS THE	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G Comments: No south	ORDINANCE I OR WITHIN TH When 9/11/07 urce could b	DISCHARGE LEST 12 Sample Points 003 003 e identifi PRETREATM E LAST 12	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A N/A SHAPP STANFORM	Describe Additional sampling streturn to compliance. S SINCE NA	howed					
THE If yes: B. 14. HAS THE	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G Comments: No south	ORDINANCE IDENTIFIED WITHIN THE WHEN 9/11/07 INCREMENTAL CATEGORICAL DR WITHIN THE	DISCHARGE LE LAST 12 Sample Points 003 De identifi PRETREATM E LAST 12 Sample	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A ed. ENT LIMIT MONTHS? Is prob Yes/No N/A	Describe Additional sampling streturn to compliance. S SINCE NA lem resolved?	howed					
THE If yes: B. 14. HAS THE	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G Comments: No south	ORDINANCE IDENTIFIED WITHIN THE WHEN 9/11/07 INCREMENTAL CATEGORICAL DR WITHIN THE	DISCHARGE LE LAST 12 Sample Points 003 De identifi PRETREATM E LAST 12 Sample	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A Ed. ENT LIMIT MONTHS? Is prob Yes/No N/A N/A	Describe Additional sampling streturn to compliance. S SINCE NA lem resolved?	howed					
THE If yes: B. 14. HAS THE	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G Comments: No south	ORDINANCE IDENTIFIED WITHIN THE WHEN 9/11/07 INCREMENTAL CATEGORICAL DR WITHIN THE	DISCHARGE LE LAST 12 Sample Points 003 De identifi PRETREATM E LAST 12 Sample	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A ed. ENT LIMIT MONTHS? Is prob Yes/No N/A N/A N/A N/A	Describe Additional sampling streturn to compliance. S SINCE NA lem resolved?	howed					
THE If yes: B. 14. HAS THE	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G Comments: No south	ORDINANCE IDENTIFIED WITHIN THE WHEN 9/11/07 INCREMENTAL CATEGORICAL DR WITHIN THE	DISCHARGE LE LAST 12 Sample Points 003 De identifi PRETREATM E LAST 12 Sample	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A Ed. ENT LIMIT MONTHS? Is prob Yes/No N/A N/A	Describe Additional sampling streturn to compliance. S SINCE NA lem resolved?	howed					
THE If yes: B. 14. HAS THE	COMPANY EXCEEDED LAST INSPECTION (A. Pollutant O&G Comments: No south	ORDINANCE IDENTIFIED WITHIN THE WHEN 9/11/07 INCREMENTAL CATEGORICAL DR WITHIN THE	DISCHARGE LE LAST 12 Sample Points 003 De identifi PRETREATM E LAST 12 Sample	MONTHS? Is prob Yes/No Yes N/A N/A N/A N/A N/A ed. ENT LIMIT MONTHS? Is prob Yes/No N/A N/A N/A N/A N/A N/A N/A N/A	Describe Additional sampling streturn to compliance. S SINCE NA lem resolved?	howed					

15. HAV If yes:	Spills? Slug discharges? Other?											
	B. Explain any mar	ked:										
16. ARE	ANY SOLVENTS USED:	,					Pri	ority	Yes⊠ No[413/433/46	_		
,	& components	Used for	r?	H	ow dis	posed?		lutant?	Process?	•		
	Petroleum	Parts wa	asher		auled			□No⊠	Yes No	₹ T		
	naphtha									-		
	Phenol	Sanitiz	ing		auled			⊠ои 🔲	Yes No	<u>a</u>		
	Chloroform Lab testing Hauled off Yes⊠ No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									3		
	Meth. chloride	Lab test			auled			⊠ No□	Yes No			
	Phenanthrene	Lab test			auled			⊠ No□	Yes No			
	Alcohol	Lab test	ting	H	auled	off	Yes	□ №⊠	Yes No			
TAM	17. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? If yes: A. What needs to be done?											
	Flammables are floor drains.			d othe	r stor	ed liquio	ds ar	e kept aw	ay from			
If yes:	B. What needs to b	e done?							Yes No	3		
C.	Was "Illicit Storm (regardless of whe						ompan	y?	Yes No			
	S COMPANY HAVE ANY	SPILL, S							Yes🏻 No	\supset		
If yes:	Α.		SMP?	Las	_	Copy in F		Update n				
	Title	occocooccocooccococococo	413/433	Upd		(SMP on	TÀ)	Explain	it yes	1000000000		
	Hazardous Chemi Spill Plan	.cal	N/A N/A	1/1	/ 98	Yes N/A	······································	No N/A				
В.	Are any Plans need	led (in a	<u> </u>	o thos	e list		rt A)	<u> </u>	Yes No	Δ		
	(If yes, write con				. 1100	- III I I	20 11)	•	res no	Δ¥		
20. HAZ	ARDOUS WASTES: Was the company inform (RCRA) exist and may p	ed/reminded	d that solid	l & haza ıdustria	rdous wa l users?	ste manage	ment r	egulations	Yes⊠ No[コ		
В. С.	Is there any discharge reported to MSD (under If yes to B, list haz	to the se 40 CFR 403	wers of haza				been	previously	Yes No	\boxtimes		
D. E.	Was the company provid form for the above reg Comments:	ed with a							Yes⊠ No[J		
21. ARE A.	E EMERGENCY NOTIFICATION Was company provide emergency response (Must post if co.	led notif personn	ication c el can lo	ards &	told	to post	where	:	Yes⊠ No[Yes⊠ No[concern)			
22. IS If yes:	COMPANY REQUIRED TO A. Is requirement B. If other docume	containe nt, date	d in perm & descri	it 🛭 ption:	or o	other doo		t [].	Yes⊠ No[
	C. How frequently D. How frequently E. Have reports be F. If no, explain:	are repo en on-ti	rts requi	red?	Quar	terly terly by prop	er pe	rson?	Yes⊠ No[

23.	DOES	CO	MPANY	SELF-MONIT	OR ITS WASTE	WATER DISCHA	RGE?	Yes 🔀 🛚			
If ye	s: A	Α. :	Is the	self-moni	toring requi	red by MSD?	_	Yes 🔀 1			
	Е	3. 2	Are re	presentati	ve grab/comp	samples coll	lected?	Yes⊠ 1 Yes⊠ 1			
	C					period match resentative):		TCBEZ A	···		
	г	`	are ED	A-approved	40 CFR 136	wastewater to	est methods used?	Yes 🛛 1	No		
				to B, C, c							
				n needed c		g					
								37 [NT [CZ]		
24.	DOES	CO	. CONT	'INUOUSLY N	MONITOR & REC	CORD AT SP FO	R PH [], TEMP [], LEL []?	Yes 🗌	иоМ		
It ye	s: F	£	At whi	ch SPs?	mit quarterl	v summaries?		Yes	No		
B. Does company submit quarterly summaries? C. If no, explain:											
	`	•	,		******			Yes 🗌			
Z3. DOED MOD OFBIT CAMILLED WITH IMP COM											
If yes: A. Is company having the samples analyzed B. How does company insure proper preservation,											
	_		halding	times & ana	vrical methods:	?					
	(~	Has com	pany submitte	ed results of a	ll split sample a	analyses since the last insp?	Yes			
						28 days of the	collection's calendar quarter?	Yes	NoL		
]	Ε.	If no	to C, or I), explain:	mlit compled	2	Yes	МоП		
			Does o ments:		III want to :	split samples	:	105			
	G. 1	ÇOII	mencs.								
26.	IS C	OME	ANY U	NDER ANY E	NVIRONMENTAL	ENFORCEMENT	ORDERS OR REQUIREMENTS	Yes 🗌	$No \boxtimes$		
					CHEDULE REPO	RTS?					
If ye	es: A	Α.	Type a	and date:		hoon on timo	complete?	Yes 🗌	МоП		
				ne reports explain:	s & accions i	been on-time	& COMPTREE.	100			
									_		
27.	ASK (COM	PANY: I	s co. in co	MPLIANCE W/AF	PLICABLE NESHA	P REGS FOR WW DISCHARGES?	Yes⊠	Ио[]		
	[Some	e M	DNR-is	sued Title	Vair permits	for specific p	orocesses allow pre-approved ot NESHAP permits.]				
If no			narge.] Descri		ity-issued all	permits are in	Ot MBSHAF POTMITOS.				
11 110		В.	Was MI	ONR Air Po	llution Cont	rol informed?	(must be done)	Yes	No		
									NT - ["]		
28.							AT LEAST 5 YEARS?	Yes⊠	иоЦ		
If no	o: .	Α.	How 1	ong does c	ompany retai	n records?	5 years per ordinance?	Yes 🗌	МоП		
	C	B. Whe	was co	ompany tor	t? <u>Contact</u>	office	5 years, per ordinance?	100	honord		
	Ç.	AATTC	ic ar	= cncy ncp	c. <u>comaco</u>	<u> </u>					
29.	DO M	ISD	CLASS	IFICATIONS	NEED TO BE	REVISED?		Yes 🗌	NoX		
If ye	es:	Α.			t classifica		The state of the s	i – Manter	. —		
					Surcharge [l Toxic Waste 🗌 Non-Toxi ial Handling/Billing 🗍	ic waste	: LJ		
		7-		ocess Flow in changes		ser 🔲 spec	ial handing/Billing				
		Б.	Exbra	In Changes	-						
30.	SAMI)LE	POINT	S				200000000000000000000000000000000000000	(y/n)		
	SP ‡	‡	001	Fed.Reg.	N/A	Components:	Sanitary + hospital waste		No		
							NCCW + boiler blowdown + 2	c-ray	ļ		
				n 1 n	NY / D	Components:	+ kitchen waste Sanitary + hospital waste		No		
	SP #	‡	002	Fed.Reg.	N/A	Components:	x-ray	·	110		
	SP #	±	003	Fed.Reg.	N/A	Components:	Sanitary + hospital waste	W	No		
	DF	п	505	100.1105.	,	_		*			
	SP	#	004	Fed.Reg.	N/A	Components:	NCCW		Yes		
	L								37 -		
	SP #	Ħ	005	Fed.Reg.	N/A	Components:	Sanitary + hospital waste		No		

31. ARE ANY SAMPLE POINTS TRAPPED VENTS?									
If yes: A. List SPs: B. Was co. informed that T-vents are preferred, and told why?	Yes	No							
32. ARE DISCHARGES AT ANY SPS SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? If yes: A. List SPs and reasons: SP004 & SP005 have low intermittent flow	Yes⊠	No							
33. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately)	Yes[No⊠							
Dummy SP # Components:									
Dummy SP # Components:									
34. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? If yes: A. List Sample Points: 001,002,003,004,005	Yes⊠	No							
35. WERE ALL SAMPLE POINTS (except for Dummy SPs) OPENED AND INSPECTED? A. If any SPs cannot be located or opened, explain:	Yes⊠	No							
 B. If any SP descript's need to be changed, explain: C. Was ANY grease or other problem/debris observed in any SP? D. If yes to C, list SPs & describe: 	Yes	ио⊠							
E. If yes to C, was company directed to take corrective actions?	Yes	Ио[
36. REVIEW THE SAMPLE POINT MAP! Last map revision date: 6/	6/07								
A. Is the map correct and accurate in <u>all</u> its details? B If no, what changes are needed:	Yes⊠	Ио							
37. DO INSTRUCTIONS FOR "Contact Prior to Sampling" OR FIELD VISIT "Special Instructions" NEED REVISION? If yes: A. List needed changes:	Yes 🗌	Мо⊠							
USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF Most of radiology has converted to digital processing, but some liquid processi		TE.							
remains.									
Hospital operations at 3635 Vista consist of: 1st floor - Rehabilitation & food service 2nd floor - Radiology & emergency 3rd floor - Surgery									

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

Report No. PIMS012A

Data Date & Time:

٠,

11/24/2008

11/24/2008

9:12:50 am

9:12:50 am

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

WIGNENBERG INFO SHITCHLUGHTAND TO W NUTSEROMETES AND WEST DEVELORE 03/06/1997 SIU Base Map 20F1 POTM Reasonable potential for adverse affect PTW 03/06/1997 Wun:St. Louis City & Co. Grid: H 21 Page 38 INSPECTION INFORMATION [12] PERMITTINEORMATION ... : "ELLQ INFORMATION" CHAIRINE OR MATION: IUO Recvd Date: 07/09/2001 Issue Date: 01/01/2007 Office Mailing Address Next Due Expire Date: 12/31/2011 Reviewer: Fabian Grabski Insp Rslt 3635 Vista Ave. Extended Date: 12/31/2007 IUQ Recvd Date: 07/03/2006 St. Louis, MO. 63110-0250 10/29/2008 RIN James Goodall Reviewer: Fabian Grabski Writer Fabian Grabsk **Billing Address** 3635 Vista Ave Issue Date: 01/01/2008 St Louis, MO. 63110-0250 Expire Date: 12/31/2011 **Extended Date:** Writer Scott Rehmer CONTACTS OFF (314) 577-8070 Ext. Energy Center Supervisor BILL Skip Bowders OFF (314) 577-8070 Ext. FLD1 Skip Bowders Energy Center Supervisor OFF (314) 577-8070 Ext. FLD2 Pattie Bassarich Admin Assistant Energy Center Supervisor OFF (314) 577-8070 Ext. OFF1 Skip Bowders Admin Assistant OFF (314) 577-8070 Ext. OFF2 Pattie Bassarich OTHER AGENCIES INFORMATION! MERATIONAL INFORMATION 01721 11/25/1996 MDNR - Hazardous Waste Program T F S S M T W Work Days: 00208066 09/28/2005 MSD - Billing Account Number Y Y 07:00AM 8.0 Y Y Y Y Υ 1,884 $\mathbf{1}^{1}$ 00208067 09/28/2005 MSD - Billing Account Number Y Y 03:00PM 8.0 Y Y Y Y Y 2 616 00447331 09/28/2005 MSD - Billing Account Number Y v 8.0 Y Y 3 615 11:00PM Total Emp: 3,115 Hrs: 24.0 SON-SEWERED WASTE Off-Site Disposal On-Site Disposal N On-Site Storage N 720000 LBS 07/03/2006 Infectious Waste 3500 GAL 07/03/2006 Kitchen/Food Service COMMENTS SIC INFORMATION I NW MATERIALS! DESCRIPTION MATERIAL DESCRIPTION QUANTITY UNIT SIC EFF DATE General Medical & Surgical Hospitals 8062 8063 Psychiatric Hospitals PRODUCTS: 14. UNIT AVG PROD MAX PROD EFF DESCRIPTION 05/07/2004 General hospital service

MSD 038635

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

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(2 5 (2.5)			kininasiena		***************************************			unnepennennennennennen		***************************************	
Ì	Start Dat	e = 10/01/20	07 End Date =	11/24/	2008	1	Vdavs	Cdavs			
	Acct. No.			Co	nsumption					Dise	charge
	4112195001			CCF's	Gallons					Gal/ Wdav	Gal/ Cdav
_	4112195001	07/20/2007	10/19/2007	162	162	A	92	92		92	
	4112195001	10/20/2007	01/15/2008	10	172		88	88		180	
	4112195001	01/16/2008	05/09/2008	0	172		115	115		295	
	4112195001	05/10/2008	07/18/2008	20	192		70	70		365	
	RF	0.68 Acct.	Total	192	143,626		3	65	365	268	268
	4112195100			CCF's	Gallons					Gal/ Wdav	Gal/ Cdav
	4112195100	07/20/2007	10/17/2007	21,250	21,250	Α	90	90		90	
	4112195100	10/18/2007	01/16/2008	13,200	34,450		91	91		181	
	4112195100	01/17/2008	04/17/2008	12,790	47,240		92	92		273	
	4112195100	04/18/2008	07/18/2008	21,280	68,520		92	92		365	
	RF	0.68 Acct.	Total	68,520	51,256,523		3	65	365	95,492	95,492
	9009153601			CCF's	Gallons					Gal/ Wdav	Gal/ Cdav
	9009153601	07/19/2007	10/16/2007	5,340	5,340	Α	90	90		90	
	9009153601	10/17/2007	01/29/2008	800	6,140		105	105		195	
	9009153601	01/30/2008	04/24/2008	850	6,990		86	86		281	
	9009153601	04/25/2008	07/16/2008	1,250	8,240		83	83		364	
	RF	1.00 Acct.	Total	8,240	6,163,948		3	64	364	16,934	16,934
		Facility '	Total	76,952							

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

4112195100 PRIMARY MSD ACCOUNT NO.

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

LATERAL NO. 01	Lateral Type Sanitary Or Combined	DSMH T 20F3 350C	reatment A Trunk Se		ll Point Springs		
Description	Multiple lines from W side of hospital and						
Sewer Route	W on Vista in 27 pipe to 39th St, then N ir						
SAMPLE POIN	T NO. 001 Ordinance	NPD	ES Outfall	No.			
Description	MH in driveway W of loading dock at SW	comer of main hosp	ital building				Effective
Discharge Com	ponents Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Date
Non Contact Coo	lir HVAC	10,00	GPD		GPD	D	7/3/06
Sanitary		25,52	5 GPD		GPD	D	9/19/0
Kitchen Waste		3,60	O GPD		GPD	D	9/19/0
Storm Water) GPD		GPD	D	9/19/0
Boiler Blowdown		ŕ	GPD GPD		GPD	D	9/19/0
Hospital Waste	including x-ray waste	•	4 GPD		GPD	D	9/19/0
i •	Total Flow Avg =	77,279	M	ax ==			
nexxyrgancox	and SAMPLE POINT INFORMATION				***************************************	*****************************	***************************************
LATERAL NO.	Lateral Type	DSMH T	reatment A		ll Point		
02	Sanitary Or Combined	20F3 350C	Trunk Se	wer Rock	Springs		
Description	Line S from S side of building to Vista Av						
Sewer Route	W on Vista in 27 pipe to 39th St, then N it						
SAMPLE POIN	T NO. 002 Ordinance	NPD	ES Outfall	No.			
Description	MH on Vista, 15' S of sidewalk, 36' E of i	sland S of main hospi	tal building				
Dischauge Com	ponents Process Description	Aum Flour	*Imia	Max Flow	Unit	RUD	Effective Date
Discharge Com Sanitary	ponents Process Description	Avg Flow		MIX FIOW			9/19/0
•		•	O GPD		GPD	D	
Storm Water	including a gay whate		GPD GPD		GPD	D	9/19/0
•	including x-ray waste Total Flow Ave =	17,43	GPD GPD	ay =			9/19/0
Storm Water Hospital Waste	Total Flow Avg =		GPD GPD	ax =	GPD	D	9/19/0 9/19/0 9/19/0
Storm Water Hospital Waste	Total Flow Avg =	17,43° 38,639	O GPD O GPD M	***************************************	GPD GPD	D	9/19/0
Storm Water Hospital Waste	Total Flow Avg = SAMPLE CONTINIORMATION Lateral Type	17,43° 38,639 DSMH T	GPD GPD M	rea Bissel	GPD GPD	D	9/19/0
Storm Water Hospital Waste LATERAL NO. 03	Total Flow Avg =	17,43° 38,639	O GPD O GPD M	rea Bissel	GPD GPD	D	9/19/0
Storm Water Hospital Waste LATERAL NO. 03	Total Flow Avg = SAMPLE CONTINIORMATION Lateral Type	17,43° 38,639 DSMH T	GPD GPD M	rea Bissel	GPD GPD	D	9/19/0
Storm Water Hospital Waste LATERAL NO. 03	Total Flow Avg = SAMPER FORM INFORMATION Lateral Type Sanitary Or Combined	17,43° 38,639 DSMH T	GPD GPD M	rea Bissel	GPD GPD	D	9/19/0
Storm Water Hospital Waste LATERAL NO. 03 Description	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre	17,43: 38,639 DSMH T 20F3 350C	GPD GPD M	rea Bissel wer Rock	GPD GPD	D	9/19/0
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN	Total Flow Avg = Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre T NO. 003 Ordinance	17,43: 38,639 DSMH T 20F3 350C	O GPD O GPD M Treatment A Trunk Se	rea Bissel wer Rock	GPD GPD	D	9/19/0 9/19/0
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre T NO. 003 Ordinance MH 54' E of SW comer of West Pavilion	17,43: 38,639 DSMH T 20F3 350C NPE	O GPD O GPD M Treatment A Trunk Se	rea Bissel wer Rock No.	GPD GPD	D D	9/19/0 9/19/0
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre T NO. 003 Ordinance MH 54' E of SW comer of West Pavilion	DSMH T 20F3 350C NPE puilding Avg Flow	O GPD O GPD M Treatment A Trunk Se OES Outfall	rea Bissel wer Rock	GPD GPD	D D	9/19/0 9/19/0 Effective Date
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre T NO. 003 Ordinance MH 54' E of SW comer of West Pavilion	17,43: 38,639 DSMH T 20F3 350C NPE puilding Avg Flow 4,000	GPD GPD M Treatment A Trunk Se ES Outfall Unit GPD	rea Bissel wer Rock No.	GPD GPD Il Point Springs Unit GPD	D D RUD D	9/19/0 9/19/0 Effective Date 7/3/06
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre T NO. 003 Ordinance MH 54' E of SW comer of West Pavilion	17,43: 38,639 DSMH T 20F3 350C NPE puilding Avg Flow 4,000	O GPD O GPD M Trank Se OES Outfall O GPD O GPD	rea Bissel wer Rock No.	GPD GPD	D D	9/19/0 9/19/0 Effective Date 7/3/06
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Storm Water	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre TNO. 003 Ordinance MH 54' E of SW comer of West Pavilion ponents Process Description Total Flow Avg =	17,43: 38,639 DSMH T 20F3 350C NPE puilding Avg Flow 4,000	O GPD O GPD M Trank Se OES Outfall O GPD O GPD M	rea Bissel wer Rock No. Max Flow	GPD GPD Il Point Springs Unit GPD GPD	D D RUD D	9/19/0 9/19/0 Effective Date 7/3/06
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Storm Water	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre TNO. 003 Ordinance MH 54' E of SW comer of West Pavilion ponents Process Description Total Flow Avg =	17,43: 38,639 DSMH T 20F3 350C NPE puilding Avg Flow 4,000	O GPD O GPD M Trank Se OES Outfall O GPD O GPD	rea Bissel wer Rock No. Max Flow ax =	GPD GPD Il Point Springs Unit GPD	D D RUD D	9/19/0 9/19/0 Effective Date 7/3/06
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Storm Water LATERAL NO. 04	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre T NO. 003 Ordinance MH 54' E of SW comer of West Pavilion ponents Process Description Total Flow Avg =	17,43: 38,639 DSMH T 20F3 350C NPE puilding Avg Flow 4,000 4,000	O GPD M Trank Se ES Outfall Unit O GPD M Trank A	rea Bissel wer Rock No. Max Flow ax =	GPD GPD Il Point Springs Unit GPD GPD	D D RUD D	9/19/0 9/19/0 Effective Date 7/3/06
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Storm Water LATERAL NO. 04 Description	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc W in 3'x4' pipe to 9' pipe, N to trunk to tre TNO. 003 Ordinance MH 54' E of SW comer of West Pavilion ponents Process Description Total Flow Avg = Lateral Type Sanitary Or Combined	17,43: 38,639 DSMH T 20F3 350C NPE puilding Avg Flow 4,000 4,000	O GPD M Trank Se ES Outfall Unit O GPD M Trank A	rea Bissel wer Rock No. Max Flow ax =	GPD GPD Il Point Springs Unit GPD GPD	D D RUD D	9/19/0 9/19/0
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Storm Water LATERAL NO. 04 Description	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc. W in 3'x4' pipe to 9' pipe, N to trunk to tre TNO. 003 Ordinance MH 54' E of SW comer of West Pavilion ponents Process Description Total Flow Avg = Lateral Type Sanitary Or Combined Line W from SW corner of parking garage W in 3'x4' pipe to 9' pipe, N to trunk to tre	17,43: 38,639 DSMH T 20F3 350C NPE ouilding Avg Flow 4,000 4,000 DSMH T 20F3 362C	O GPD M Trank Se ES Outfall Unit O GPD M Trank A	rea Bissel wer Rock No. Max Flow ax = rea Bissel wer Rock	GPD GPD Il Point Springs Unit GPD GPD	D D RUD D	9/19/0 9/19/0 Effective Date 7/3/06
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Storm Water LATERAL NO. 04 Description Sewer Route SAMPLE POIN	Lateral Type Sanitary Or Combined Line SE from S side of building at entranc. W in 3'x4' pipe to 9' pipe, N to trunk to tre TNO. 003 Ordinance MH 54' E of SW comer of West Pavilion ponents Process Description Total Flow Avg = Lateral Type Sanitary Or Combined Line W from SW corner of parking garage W in 3'x4' pipe to 9' pipe, N to trunk to tre	17,43: 38,639 DSMH T 20F3 350C NPE puilding Avg Flow 4,000 4,000 DSMH T 20F3 362C	O GPD O GPD M Treatment A Trunk Se OES Outfall O GPD M Treatment A Trunk Se	rea Bissel wer Rock No. Max Flow ax = rea Bissel wer Rock	GPD GPD Il Point Springs Unit GPD GPD	D D RUD D	9/19/0 9/19/0 Effective Date 7/3/06 9/19/0
Storm Water Hospital Waste LATERAL NO. 03 Description Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Storm Water LATERAL NO. 04 Description Sewer Route	Lateral Type Sanitary Or Combined Line SE from S side of building at entrancome in State of S	17,43: 38,639 DSMH T 20F3 350C NPE puilding Avg Flow 4,000 4,000 DSMH T 20F3 362C	O GPD O GPD M Trank Se OES Outfall O GPD M Trunk Se OES Outfall O GPD M Trunk Se	rea Bissel wer Rock No. Max Flow ax = rea Bissel wer Rock	GPD GPD Il Point Springs Unit GPD GPD	D D RUD D	9/19/0 9/19/0 Effective Date 7/3/06

METROPOLITAN ST. LOUIS SEWER DISTRICT **INDUSTRIAL DATA SHEET - FACILITY INFORMATION**

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100 Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

0 GPD Storm Water GPD D 9/19/07 Total Flow Avg = 612 Max = CONNECTION AND SAMPLE POINT INFORMATION LATERAL NO. Lateral Type **DSMH** Treatment Area Bissell Point 05 Sanitary Or Combined 20F3 362C Trunk Sewer Rock Springs Description Manhole 93' S, 9' W of NW corner of W p. W in 3'x4' pipe to 9' pipe, N to trunk to tre Sewer Route SAMPLE POINT NO. 005 Ordinance NPDES Outfall No. MH 93 'S, 9' W of NW corner of W Pavilion building Description Effective Discharge Components **Process Description** Avg Flow Unit RUD Date Max Flow Unit Sanitary 1,050 GPD **GPD** D 9/19/07 Storm Water 0 GPD GPD D 9/19/07 Hospital Waste 1,450 GPD GPD D 9/19/07 Total Flow Avg = 2,500 Max =

ETREATMENT JYPES

SP EFF DATE TYPE DESCRIPTION 001 06/06/2000 DC28 Grease Trap £01 06/06/2000 DC32 Metallic Replacement

001 06/06/2000 DC20 Electrolysis 06/06/2000 DC20 Electrolysis

06/06/2000 DC32 Metallic Replacement

PRIORITY FOR LUTANTS

Pollutant Description Status Pollutant Description Status Pollutant Description Status Phenanthrene Asbestos (Fibrous) Mercury (Total) KP SP SP Phenol Methylene Chloride Chloroform SP ΚP ΚP

EXTRA STRENGTH SURCHARGE INFORMATION

Report No. PIMS012A Data Date & Time:

11/24/2008 11/24/2008

9:12:50 am 9:12:50 am For Account Number

4112195100

PIMS FACILITY CONTACTS ST LOUIS UNIVERSITY HOSPITAL

Located at

3635 & 3655 Vista Ave.

St. Louis

MO 63110

Address Type

Contact Type		Contact Name		Contact Title	Phone	Number	Ext.
1	Billing Address Billing Contact	Skip	Bowders	Energy Center Supervisor	OFF	(314)577-8070	
ŧ	Office Mailing Address Office Contact - Primary	Skip	Bowders	Energy Center Supervisor	OFF	(314)577-8070	
1	Office Contact 1st Alt Premise Address	Pattie	Bassarich	Admin Assistant	OFF	(314)577-8070	
	Field Contact - Primary Field Contact 1st Alt	Skip Pattie	Bowders Bassarich	Energy Center Supervisor Admin Assistant	OFF OFF	(314)577-8070 (314)577-8070	

PIMS REPORT OF FIELD SAMPLING REQUIREMENTS ST LOUIS UNIVERSITY HOSPITAL

Account No Entered 4112195100

SPN	PRE	MISE ADDRESS	CITY		ST	ZIP	
000000000000000000000000000000000000000	363	5 & 3655 Vista Ave.	St. Lo	uis	МО	63110	abassassasiska dassassa kessassassa sakdassassa sakdassa sakdassa sakdassa sakdassa sakdassa sakdassa kelabasa
001 Project Code:	IM = 1 Poll Code	IPD - Company - MSD Pollutant Description	Frequency	Sample '	Туре		End Date
	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-1	ime 04 Hrs	000000000000000000000000000000000000000	06/30/2009
	T213000	Chemical Oxygen Demand	Once/year	=	ime 04 Hrs		06/30/2009
	T234000	Oil and Grease (Total)	Once/year	Grab			06/30/2009
	T237000	рН	Once/year	Grab			06/30/2009
	T247000	Temperature	Once/year	Grab			06/30/2009
	T256000	Total Suspended Solids	Once/year	Comp-T	ime 04 Hrs		06/30/2009
	T332000	Chloroform	Once/year	Grab			06/30/2009
	T371000	Methylene Chloride	Once/year	Grab			06/30/2009
	T388000	Phenol	Once/year		ime 04 Hrs		06/30/2009
	T393000	Silver (Total)	Once/year	-	ime 04 Hrs		06/30/2009
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab			06/30/2009
1002 Project Code:	IM=	IPD - Company - MSD					
Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample	Type		End Date
	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-T	me 04 Hrs		06/30/2009
	T213000	Chemical Oxygen Demand	Once/year	Comp-T	ime 04 Hrs		06/30/2009
ĺ	T234000	Oil and Grease (Total)	Once/year	Grab			06/30/2009
16	T237000	pH	Once/year	Grab			06/30/2009
1 5	T247000	Temperature	Once/year	Grab			06/30/2009
	T256000	Total Suspended Solids	Once/year	Comp-T	ime 04 Hrs		06/30/2009
	T332000	Chloroform	Once/year	Grab			06/30/2009
	T371000	Methylene Chloride	Once/year	Grab			06/30/2009
	T388000	Phenol	Once/year	Comp-T:	ime 04 Hrs		06/30/2009
	T393000	Silver (Total)	Once/year	Comp-T	ime 04 Hrs		06/30/2009
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab			06/30/2009
003 Project Code:	Poll Code	IPD - Company - MSD Pollutant Description	Frequency	Sample '	* .		End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	-	ime 04 Hrs		06/30/2009
i. Ci	T213000	Chemical Oxygen Demand	Once/year	•	ime 04 Hrs		06/30/2009
i i	T234000	Oil and Grease (Total)	Once/year	Grab			06/30/2009
. } 9 x	T237000	рН	Once/year	Grab			06/30/2009
	T247000	Temperature	Once/year	Grab			06/30/2009
i i	T256000	Total Suspended Solids	Once/year	Comp-Ti	ime 04 Hrs		06/30/2009
; 004 Project Code:	IM =]	IPD - Company - MSD					
Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample '	Туре		End Date
	T208000	Chamical Oxygen Demand (5 Day)	Once/year		ith in lieu of c		06/30/2009
	T213000 T237000	Chemical Oxygen Demand	Once/year		uth in lieu of c	composite)	06/30/2009
		pH	Once/year	Grab			06/30/2009
• 1	T247000	Temperature	Once/year	Grab			06/30/2009
	T256000	Total Suspended Solids	Once/year	Grab (At	ith in lieu of c	composite)	06/30/2009
965 Project Code:	IM=]	IPD - Company - MSD					
Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample	Туре		End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year		ith in lieu of a		06/30/2009
1 1 *	T213000	Chemical Oxygen Demand	Once/year	Grab (Au	ith in lieu of c	composite)	06/30/2009
•	T234000	Oil and Grease (Total)	Once/year	Grab			06/30/2009
1.1 1.★	T237000	pН	Once/year	Grab			06/30/2009
	T247000	Temperature	Once/year	Grab			06/30/2009
4	T256000	Total Suspended Solids	Once/year	Grab (Au	ith in lieu of c	composite)	06/30/2009
•	11/24/2008	9:13:59AM	10000000000000000000000uindammannann	***************************************	***************************************	00000tulish	WWW.Wildensonnonnonpressonnonsonnonnon
ata Date & Time	11/24/2008	9:13:59AM 1	of 2				

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL

PERMIT NUMBER 41121951-00

3635 VISTA AVE.

	JIS. MO		33110		
MONITORING Samples co	ollecte	d by Metropoli		X JUL/SEP ers' Association	0CT/DEC 314-966-1006
PART II		ICAL RESULTS OF			
MSD SAMPLE			001 #	002 #	003
SAMPLING D			o6-07-08	08-07-09	08-07-08
FLOW (GPD)	========= E/M	92,000 EST.	56,000 ES1.	5,000 EST.
PARAMETER	6/C		ANALYTICAL	EESULTS	
TEMP (C g	608C.	30 .6	32.8	26.7
PH	g	5.5 TO 11.5	8.9	8.2	9.2
BOD .	_ c	300 mg/l	181 mg/l	695 mg/l	172 mg/l
COD	c	600 mg/l	370 mg/l	1240 mg/l	413 mg/l
TSS	c	350 mg/l	55 mg/l	204 mg/l	42 mg/l
OIL/GF	 ₹ g	200 mg/l	16 mg/l	46 mg/l	11 mg/l
cd	С	mg/l	mg/l	mg/l	mg/l
cr	c	mg/l	mg/l	mg/l	mg/l
cu	с	mg/l	mg/l	mg/l	mg/1
pb	C	mg/l	mg/l	mg/l	mg/1
ni	C	mg/1	mg/l	mg/l	mg/l
ag	с	0.5 mg/l	0.0034 mg/l	(0,0100 mg/l	mg/l
zn	C	mg/l	mg/l	mg/l	mg/1
cn-T		mg/1.	mg/1	mg/l	mg/l
cn-A	g 9	mg/l	mg/1	mg/l	mg/l
TTO	g 9	5.52mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l
SAMP.	TIME	م المحمد	8:04n-11:04n	8;22A-11;22AM	8:10A-11:10A
/a/ta * 394		DA:	ne of	C0CC007h7c	

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE SY. LOUIS UNIVER 3635 VISTA AVE.	SITY HOSPITAL		PERMIT NUMBER	41121951-00
ST. LOUIS, MO.	63	3110		
MONITORING PERIOD Samples collected by Samples analyzed by	JAN/MAR byMetropolit / TEKLAS		X JUL/SEP rs' Association	OCT/DEC 314-966-1006
PART II ANALYTICA	L RESULTS OF S	SELF MONITORING		
MSD SAMPLE POINT	#	004 #	005 #	
SAMPLING DATES		08-07-08	08-07-08	
FLOW (GPD) E/M		936 EST.	5,000 EST.	
PARAMETER G/C	LIMIT	ANALYTICAL RE	ESULTS	
TEMP C g	60 0 C.		25.6	
PH g 5.5	5 TO 11.5		9.1	
BOD c	300 mg/l	mg/l	261 mg/l	mg/l
COD C	600 mg/l	mg/l	586 mg/l	mg/l
TSS c	350 mg/l	mg/l	176 mg/l	l\gm
OIL/GR 9	200 mg/l	mg/1	50 mg/l	mg/l
cd c	mg/l	mg/l	mg/l	mg/l
cr c	mg/l	mg/l	mg/l	mg/l
cu c	mg/l	mg/l	mg/l	mg/l
pb c	mg/l	mg/1	mg/l	mg/l
ni c	mg/l	mg/l	mg/l	mg/l
ag c	mg/l	mg/l	mg/l	mg/l
zn c	mg/l	mg/l	mg/l	mg/l
cn−T g	mg/l	mg/l	mg/l	mg/l
cn-A g	mg/l	mg/l	mg/l	mg/1
TTO g	5.52mg/l	mg/l	mg/l	mg/l
	mg/l	mg/1	mg/l	mg/l
SAMP. TIME	XXXXXXX		8:15A-11-15AM	The first that the feer are one has been been to be the feer are one
TO'SO BAGE 02/07	BAGE BIDE SACS		8 3145682263	0:60 800Z/0E/0T

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

permit ar	O PLACE YOUR	INITIALS IN T	HE BOXES NEXT TO	permit you may be require O THOSE CERTIFICATION fications in PART III apply	IS WHICH ARE APPL	ICABLE TO YOUR FAC	REPART TO THE PROPERTY.
A .	If your permit spicertification:	acial condition	s waive monitoring a	at any sample point(s) spe	cried in your permit, y	ou are required to make	the following
	I certify	since the last	discharge menitorin	g report, there has baen no	change in the characte	r of the wastes discharge	ed at sampling
₿.			s waive monitoring a	t active connection points	which are not specified.	I as sample points in yo	ur permit, you
	• 1		t discharge monitorin sich ara not specified	g report, there has been no I in my permit :	o change in the characte	er of wastes discharged a	at those active
C.	I certify	y, since the pe	rmit issue date, the	at inactive connection point e has been no change in accurred during the period	the status of connection	on points identified as in:	
D.	If your permit spenda			ple collection in lieu of co	mposite sampling at an	y sample point(s), you a	re required to
				port accurately represent	our average daily sisch	narge at sample point(s)	
¢				wastes which are subject t	o centain categorical pre	atreatment standards, yo	u are required
		y, since the la		ing report, there has bee	n no discharge of was	tes which are subject to	pretreatinent
F.				andards (40 CFR 439) can e following certification:	be exempted from limita	noi gonotinom bus anoita	Total Cyanide
 -	- I centify	, since the las	t discharge monitoric ategorical Standards	g report, cyanide has not	been used or generaled	t in any pharmaceutical (manufact <u>uri</u> ng
G.	Components (50	CFR 489) ca	rical Standards for I in be exempted from Object to the following	Electroptating (40 CFR 41 TTO monitoring only at a cartification:	 Metal Finishing (40 the Electroplating, Mat) CFR 433) or Electrical tal Finishing or Electrica	: & Electronic
	Based organia wastay	on my mquity cs (TTO), i se valers has occ	of the person or pers	ons directly responsible fo st of my knowledge and last discharge monitoring r	belief, no dumping of	concentrated taxic orga	anics into the
PART I	V: GENI	ERAL CEÑT	TEICATION, STA	TEMENTS			
Initial the	box for statemer	nt Aif it applie:	s to you. Everyone	must complete the infor	mizijum under statemo	ent 8 and sign this rep	ort
A	In lieu	of monitoring	for TTO at sample of	dinance limits can be exemoint(s) ise or discharged into the	toermfy that to the	e best of my knowledge	and belief, no
₿.	DISCHARGE M	ONITORING I	REPORT CERTIFICA	TOR			
designed who man and balk and impr	I to assure that quage the system, or true, accurate, isonment for kno	ualified person or those person and completo. wing violations	nel properly gather ns directly responsible I am aware that then is	chments were prepared un and evaluate the information of gathering the information is are significant penutics	on submitted. Based (tion, the information su for submitting false info	on my inquiry of the pers bmitted is, to the best of armation, including the po	my knowledge ossibility of fine
Print or t	ype name of sign	ing official:	MIGL V.	DOWDEN 3	714	1_577-803	-
True:	AL IT	300		BOWDEN?	Date: ///2	8/08	
Signatun	e: 2700- 11			2		7	SMF 10/93

PAGE 03/07

STAH BEDE SACS

10/30/2008 00:08 3142685563

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT



PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No: 41121951-00

Premise No: 3635 Vista at Grand Boulevard, 63104

Reporting Period: □(JAN-MAR) □(APR-JUNE) ■(JULY-SEPT) □(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULA	HON	S
--	-----	---

29

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

false information, including the possibility of fine and imprisonment for knowing	RECEIVED
Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-689£ 1 2 4 2008
Signature: Mr. J	Date: 10/17018ION OF ENVIRONMENTAL COMPLIANCE
	ENVIRONMENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

1402 South Grand Blvd.St. Louis, MO 63104-1085

Fax: 314-977-5560

Health Sciences Center Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue

St. Louis, MO 63147-2913 (FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - September 2008

Dear Mr. Mendoza:

October 17, 2008

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

REGEIVED

OCT 24 2008

DIVISION OF ENVIRONMENTAL COMPLIANCE

Received 8-13-2008 PAGE 01/05/

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ON		INDUS	TRIAL U	ISER SE	LF MONI	TORING R	EPORT			
3635	VISTA OUIS,			3110	,	- PERMI	T.:NUMBER	√ - - 4112	1951-0	
MONITORI Samples Samples	collec	ted by Mei	JAN/MAR tropoli TEKLA	tan Mar	APR/JU: nufactu:	v rers' Ass	JUL/SEP sociation	0CT 1 314-966	/DEC -1006	
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TSS	c	350 mg	/1	62	mg/l	70	mg/1	103	mg/l	
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PART III: SPECIAL CERTIFICATION STATEMENTS

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART	
	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO). I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastowaters has occurred since filling the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components sample point(s) subject to the following certification: Bissed on my inquiry of the person of samples of the following certification:
	at the Pharmaceutical sample point(s) subject to the following cartification: I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
F.	Discharges subject to Pharmaceutical Categorical Stradayte (so CC)
	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification: I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 46 CFR
€.	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
D.	If your parmit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required contributed in the grab sample results in this report accurately composite sampling at any sample point(s), you are required
r	points remain inactive and no discharge occurred during the period covered by this report.
C.	If your pennit special conditions waive monitoring at inactive contactive and
	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those acconnection points which are not specified in my permit.
8,	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at same lif your permit special conditions waive monitoring at active cases of the second conditions.
	if your permit special conditions welve maniforing at any semple point(s) specified in your permit, you are required to make the forestification; It certify, since the last discharge monitoring report, there has been no change in the phermatory of the phermatory.

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE ST. LOUIS I 3635 VISTA ST. LOUIS,	UNIVERSITY HOSPITA	USER SELF MONIT L : 63110	PERMIT NUMBER	41121951-00
MONITORING PER Samples collect Samples analy:	RIOD JAN/MAI cted byMetropol xed by TEKL	R X APR/JUN itan Manufactur AB, INC.	JUL/SEP ers' Association 3	0CT/DEC 14-966-1006
	YTICAL RESULTS OF	SELF MONITORING	 G 	
ASD SAMPLE POI	INT" #	004 #	005 #	
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BOD c	300 mg/l	mg/l	143 mg/l	mg/l
COD · c	600 mg/]	20 mg/l	323 mg/l	mg/1
TSS c	350 mg/l	5 mg/l	97 mg/l	mg/l
OILYGR &	200 mg/1		Took which there will take more when make pood doors have more from some some form him	mo/1
od c	mg/l	mg/1	msz/1	And the state of t
cr c	mg/1	mg/1	mg/1	mg/l
cu c	mg/l		mg/1	mg/1
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SAMP TIME	mg/l	mg/l	mg/l	mg/1

PART III:

SPECIAL CERTIFICATION STATEMENTS

SME TOWN

MSD 038649

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

perm perm	ed on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your nit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your nit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.
A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the jast discharge monitoring report, there has been no change in the character of the wastes discharged at sampling
₿.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	
	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D,	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required
	to make the following certification:
	I cartify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyani, at the Pharmaceutical sample point(s) subject to the following certification:
	at the Pharmacoutical sample point(s) subject to the following certification: I certify, since the last discharge monitoring most granted by the sample point (s) subject to the following certification:
	I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electronic Semponents (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating At the Electroplating of the Electr
	Components sample point(s) subject to the following parks and a components sample point(s) subject to the following parks and a components
• •	Maisad on my induly of the person or normal distriction
	organics (TTO), I cartify that, to the best of my knowledge and bellef, no dumping of concentrated toxic organics into the organic management plan submitted to MSD.
PART	CERTIFICATION STATEMENTS
initial the	B box for statement A if it applies to you. Everyone must complete the Information under statement B and sign this report.
. A .	- A STATE OF THE PROPERTY OF T
	In lieu of monitoring for TTO at sample point(s) In lieu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wistewaters since films of the lent discharged into the wistewaters.
8.	
Loogist	DISCHARGE MONITORING REPORT CERTIFICATION
designed	to assure that qualified personnel properly gather and evaluate the information submitted. Based on my leave of the
and belief	true, accurate, and complete. I am aware that there are significant penalties for submitting false information, the information submitted is, to the best of my knowledge someont for knowledge violations.
Print or ty	PO Name of signing osciety P Ray 10 x 200
Title: 2	uper, son
Signature	Truly lelephone:
	## Telephone: Date: 8/13/08

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

□(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

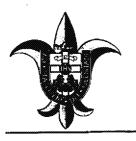
1/4

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

misc marriages, measures, and production of the second	RECEIVED
Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896 JUL 2 1 2008
Signature: Mr. 43	Date: 7/16/06 DIVISION OF
· —, //	ENVIRONMENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

1402 South Grand Blvd.St. Louis, MO 63104-1085

Fax: 314-977-5560

Health Sciences Center Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

July 16, 2008

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period April - June 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

JUL 2 1 2008

DIVISION OF ENVIRONMENTAL COMPLIANCE

SR 4-30

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE					ER SEI	LF MONI	TORING RE	PORT		•
91. LO 3335 7 91. LO	COTA .	WE.	DA HOSE		10		PERMIT	NUMBER	*111	219 5 1
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COD	С	6	00 mg/l	MAR Musel mengi rama mengan beganan	3 49	mg/l	491	mg/l	764	· •••• •••• ••••
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pyriaht@M	1MA '94			PAGE		of	was done ages freely some work door, south the	ENALBOHME	NIALCOMPE	JINOT

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
Λ.	certification: Certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling
	point(s)
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
	are required to make the following certification: 1 certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active
	1 certify, since the last discharge monitoring report, there has been no distings in the case set specified in my permit.
	connection points which are not specified in my permit
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:
U .	
	points remain inactive and no discharge occurred during the period covered by this report.
_	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to
D.	make the following certification:
	nake the following certification: I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
-	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required
E.	to make the following certification:
	1 certify, since the last discharge monitoring report, there has been no discharge of
	standards in 40 CFR
-	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanid
F.	at the Pharmaceutical sample point(s) subject to the following certification:
	I certify since the last discharge monitoring report, cyanice has not been asset to be a since the last discharge monitoring report, cyanice has not been asset to be a since the last discharge monitoring report, cyanice has not been asset to be a since the last discharge monitoring report, cyanice has not been asset to be a since the last discharge monitoring report, cyanice has not been asset to be a since the last discharge monitoring report, cyanice has not been asset to be a since the last discharge monitoring report.
	process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic
G.	Components (40 CFR 469) can be exempted from 110 monatoring only at the
	Components sample point(s) subject to the tollowing controlled for managing compliance with the permit limitation for total toxic
	Based on my inquiry of the person or persons directly responsible for internating companies of concentrated toxic organics into the organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the
	wastewaters has occurred since filing the last discharge monatoring report. I forther
	organic management plan submitted to MSD.
	IV: GENERAL CERTIFICATION STATEMENTS
PART	IV: CENERAL CEVILION
Initial t	ne box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
	TTC monitoring subject to the following certification:
A .	Discharges at sample points subject only to MSD Ordinance limits can be exempled from it is the best of my knowledge and belief, no in lieu of monitoring for TTO at sample point(s) is cartify that to the best of my knowledge and belief, no in lieu of monitoring for TTO at sample point(s)
ħ	In lieu of monitoring for TTO at sample point(s) toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
in the second	
В.	DISCHARGE MONITORING REPORT CERTIFICATION
	under penalty of Law that this document and all attachments were prepared under my direction or supervision of econdarics with a year on one of the top matter, and the top matter and t
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oigna!	UIC SMF (083
7.77	고면 들어요즘 아들은 이번 문에 이 아는 전쟁을 통해 있다면 말이 있습니다. 이 제 2 1 000 이번, 이 사이 이 이번 중에서 나는 사이트를 가장 되었다. 이 사이트를 되었다. 이 사이트를 하는 것이 되었다.

PART ON	c	٧ 11	ETROPOLI DUSTRIAL	ITAN ST. L USER SEL	OUIS SE	WER DIST	RICT		
0T. 36,55		JNIW SIY WVC.					NUMBER	411	21951- (
zalqmac	collec	RIOD ted by	Matura	MAR litan Man	APR/JUN ufactur	J ers' Ass	UL/SEP	oc 314- 96	T/DEC 6-1006
PART II		YTICAL R	ESULTS O	F SELF MO	NITORINO				··· ··· ··· ··· ··· ···
MSD SAME			#	004	=====: #	:====== :00		int relative reasons between styres below beinging in the second stylene second stylene common addings at	THE SAME TAKE THE THE SAME PROPER SAME
SAMPLING				03 10	 03	03 1		- 1907 them were state spill these of	age among apply many server apply habite
FLUW	(GPD)	E/M		03 10 ========= 300	r. r. r		======= O EST.	* There was the way they was a	
PARAMETE	R G	/C LI	======: 1IT)	TICAL R	ESULTS	A ANNUAL THE SERVICE AND SERVI	more same office office state many op-	SF SEASO (Amor) season appear (Africa services of all this disease all the season (Amor) (Amor) (Amor)
TEMP	C g	60	00.	were thing total water place make grape throw to	the name and divine print print print while	14,			P White where we was their appear below .
PH	g	5.5 TO	11.5			9.0			P When species makes whose myre a street w
BOD	C	300	mg/l	ter term make when the transfer terms to the second when the	mg/l	155	mg/l		 mg/l
COD	C	600	mg/l		mg/l	310	mg/l		mg/l
TSS	C	350	mg/l	to mapper styles under the support dates upon them	 mg/l	130	mg/l	THE YEAR was were appropriate time	mg/l
0IL/6	GR g	200	mg/l	r taken maken dahan kacam Miran taken saken saken saken saken	 mg/l	 27	mg/l		mg/l
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cr	С	· West with the state of the st	mg/l	NAME AND DESCRIPTION OF STATE AND DESCRIPTION	 mg/l		 mg/l		 mg/l
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тто	9	5.52	 mg/l	was and the same that were will be a same to be	g/1	000 mm 900 00m per man gare was	mBFC	EIVE	mg/l
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copyright@	MMA'94		PAG	E 0	 f		1-09APIVIS NVIRONMENT	AL COMPLIA	WCE

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III:	SPECIAL	CERTIFICATION	STATEMENTS
PAKI III:	OL FALLE	OFILLIA IOLITA	

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	f your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
• ••	perticulation: I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling
	point(s) <u>309</u>
В.	f your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
.	are required to make the following certification: Certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active
	certify, since the last discharge monitoring report, their masses are connection points which are not specified in my permit.
	required to make the following certification:
C.	
	points remain inactive and no discharge occurred during the period covered by this topological states and the discharge occurred during the period covered by this topological states are the states and the states are
_	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to
Ð.	make the following certification: I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
	I certify the grab sample results in this report accurately represent our
	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required
E.	If your permit special conditions prohibit discharge of wastes which are subject to contain the special conditions prohibit discharge of wastes which are subject to pretreatment
	I certify, since the last discharge monitoring report, there has been no discharge of waste
	standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanid
•	at the Pharmaceutical sample point(s) subject to the following control to the pharmaceutical manufacturing
	process subject to Categorical Standards at 40 CFR 435.
	(20 CFR 443) Martel Figishing (40 CFR 433) or Electrical & Electronic
G.	Components (40 CFR 489) can be exempted from 110 monitoring only at the
مسه الداساس	Components sample point(s) subject to the rosowang carunisation.
	Based on my inquiry of the person or persons directly responsible for managing companies of concentrated toxic organics into the organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the organics (TTO). I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the
	organics (TTO), I certify that, to the best of my knowledge and belief, no during the toxic wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
State of the same	The second section is the second seco
PART	V:GENERAL CERTIFICATION_STATEMENTS
nitial t	box for statement A if it applies to you. Everyone must complete the Information under statement B and sign this report.
	to a second from TTC maniforing subject to the following certification:
A.	Discharges at sample points subject only to MSD Ordinance limits can be exempted to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s) I certify that to the best of my knowledge and belief, no in fleu of monitoring for TTO at sample point(s)
F }	toxic organics have been used at this premise or discharged into the wastewaters and the wastewaters
В. —	DISCHARGE MONITORING REPORT CERTIFICATION
	under penalty of Law that this document and all strachments were prepared under my direction or supervision in accordance with a system under penalty of Law that this document and all strachments were prepared under my direction or supervision in accordance with a system under penalty of Law that this document and all strachments were prepared under my direction or supervision in accordance with a system under penalty of Law that this document and all strachments were prepared under my direction or supervision in accordance with a system under penalty of Law that this document and all strachments were prepared under my direction or supervision in accordance with a system under penalty of Law that this document and all strachments were prepared under my direction or supervision in accordance with a system
design	1 to assure that qualified personnel property gauser and statuted the later metion submitted is to the best of my knowledge
who m	to assure that qualified personnel properly gather and evaluate the information submitted is, to the best of my knowledge nage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge nage the system, or those persons directly responsible for gathering the information, including the possibility of fine of the source of the system. I am aware that there are significant penalties for submitting false information, including the possibility of fine of the system.
and be	risonment for knowing Violations.
-	
B.S. Commissioners, Laborator	type name of signing official:
Title:_	Supply SOL Telephone: 4/2 +108
Signat	re Jul DOW
. •	SMF 10/93

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART 1: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	Ü
TOTAL ACTIVITY DISCHARGED:	()

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20,2003 and 19 CSR Part 20-10,090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	RECEIVED
Title: Health Physicist	Telephone: 977-6896 477 2 1 2008
Signature: fr 149	Date: 4//6/8 DIVISION OF ENVIRONMENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

April 16, 2008

1402 South Grand Blvd.St. Louis, MO 63104-1085

Fax: 314-977-5560

Health Sciences Center Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

Douglas M. Mendoza Industrial Waste Engineer Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Jan. - March 2008

Dear Mr. Mendoza:

(FAX #: 436-8753)

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely:

Kevin Ferguson Health Physicist

RECEIVED

APR 2 1 2008

DIVISION OF ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE INDUSTRIAL	USER SELF MONITO	ORING REPORT	
ST. LOUIS UNIVERSITY HOSPIT 3635 VISTA AVE.		PERMIT NUMBER	41121951-00
MONITORING PERIOD JAN/M Samples collected by Metropoles analyzed by PAC	olitan Manufacture	ers' Association	X OCT/DEC 314-966-1006
PART II ANALYTICAL RESULTS O			and pad pag grap was see over our olds take take take take take
MSD SAMPLE POINT #	001 #	002 #	003
SAMPLING DATES	11-14-07	11-14:07	11-14-07
FLOW (GPD) E/M	92,000 EST.	56,000 EST.	**************************************
PARAMETER G/C LIMIT	ANALYTICAL F	ESULTS	that soon here you seen seen soon and any you was seen to soon you seen seen seen soon soon soon soon soon
TEMP C g 600C.	26.7	26.9	23.3
PH g 5.5 TO 11.5	9.7	9.2	8.7
BOD c 300 mg/l	. 164 mg/1	528 mg/l	268 mg/l
COD c 600 mg/l	427 mg/l	783 mg/l	551 mg/l
TSS c 350 mg/l	108 mg/l	202 mg/l	94 mg/1
OIL/GR g 200 mg/l	24.6 mg/l	82:7 mg/l	98.4 mg/l
cd c mg/l	mg/l	mg/l	mg/l
cr c mg/l	-mg/l	mg/l	mg/l
cu c mg/l	mg/l	mg/l	/ / mg/l
Pb c mg/l	mg/l	mg/l	m9/1
ni c mg/l	mg/l	mg/l	mg/1
ag c 0.5 mg/l	(0.007mg/l	< 0.007 mg/l	mg/1
zn c mg/l	mg/1	mg/l	mg/1
cn-T g mg/l	mg/l	mg/l	mg/l
cn-A g mg/l	mg/1	mg/l	mg/l
TTO g 5.52mg/l	(0.0071mg/l	(0.008 mg/l	(0.052mg/l
PRIGINAL FAX PECEIVED 01-04-2008 mg/1	mg/l	mg/l	mg/l
SAMP. TIME XXXXXXX	7:49A-10:49AM	8:300-11:30AM	8:04A-11:04A
		, was	

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

36,35 \	0015 00 VISTA A 0016, M			PERMIT NUMBER	41171751
	collect	OD JANZMA ed byMetropol d by	itan Manufacture		
PART II	ANALY	TICAL RESULTS OF	SELF MONITORING		
MSD SAMPL	E POIN	T #	004 #	005 #	
SAMPLING			11-14-07	11-14-07	
FLOW ((GPD)	E/M	936 EST.	5,000 ES).	គុធាសីសី យ មេ សហ សុខ មេ សស់ គ
PARAMETER			ANALYTICAL R	ESULTS	
TEMP	C 9	60 0 C .	16.3	28.9	
PH	9	5.5 TO 11.5	8.0	8.5	
BOD	c	300 mg/l	mg/1	98.9 mg/l	mg/l
COD	C	600 mg/l	15.1 mg/l	231 mg/l	mg/l
TSS	c	350 mg/l	26 mg/l	123 mg/l	mg/1
OIL/G	iR g	200 mg/l	mg/l	22.2 mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/1
cr	c	mg/l	mg/l	mg/l	mg/1
cu	C	mg/l	mg/l	mg/l	mg/l
pb	C	mg/1	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	c	mg/l	mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l
cn-A	9	mg/l	mg/l	mg/l	mg/l
тто	g 	5.92mg/l	mg/l	< 0.027 mg/l	mg/l
		mg/l	mg/l	mg/l	mg/1

INDUSTRIAL USER SELF MONITORING FEPORT PAGE 2

	PART III:	SPECIAL	. CERTIFICATION	STATEMENTS		
	permit and PL	ACE YOUR INIT	IALS IN THE BOXES N	EXT TO THOSE CERTIF	required to certify one or r CATIONS WHICH ARE AR I'll apply to you GO ON T	More of the following Please review y PPLICABLE TO YOUR FACILITY If y TO PART IV.
		ur permit special fication.	conditions waive monit	toring at any sample poin	t(s) specified in your permi	it, you are required to make the following
			ce the last discharge ma	intering report, there has	been no change in the chara	acter of the wastes discharged at sampl
		required to make	the following certification	on		ified as sample points in vious permir, y
			points which are not sp		been no change in the char	acter of wastes discharged acthose act
	C If yo	I certify, sin	tce the permit issue dat	ie, there has been no cha		to make the following certification clion points identified as inactive. The port.
	<u> </u>	~				
1		the following ce	ertification	·		(any sample point(s), you are required
		I certify the	grab sample results in	this report accurately rep	resent dur avorago dam .	scharge at sample pomi(s)
,		in permit special of ake the following		arge of wastes which are s	ubject to cortain categorical	pretreatment standards, you are requir.
		certify, sin			as been no discharge of w	vastes which are subject to pretreatme
سمسد		Pharmaceutical	i sample point(s) subjec	ct to the following cartifica	tion.	ninations and monitoring for Total Cyanic
			og the last discharge mo Dject to Categorical Star		as not been used or gene.?	rad in any phormaceutical manufacturin
C	Com	onents (40 CFR	o Calegorical Standards ₹ 469) can be exempled point(s) subject to the fo	d from TTO monitoring o	FR 413), Metal Finishing nly at the Electroplating, N	(40 CFR 433) or Electrical & Electron Apial Finishing or Electrical & Electron
		organics (T wastowaters	TO), i sentify that, to the	he best of my knowledgi ig the last discharge monit	and belief, no dumping	ice with the permit limitation for lotal tox of concentrated toxic organics into the that this facility is implementing the tox
F	PART IV:	GENERAL	CERTIFICATION	STATEMENTS		
ŀ	nitial the box f	or statement A if	it applies to you. Ever	yone must complete the	information under state	mont B and sign this report.
A	Discr	In lieu of mo	pritoring for TTO at sam	nple point(s)	, I certify that to	oring subject to the following certification the best of my knowledge and belief, r ng of the lest discharge monitoring repo
Ð	DISC	HARGE MONITO	DRING REPORT CERT	TEICATION		
aı aı	ho manage the nd belief, true, nd imprisonme	e system, or those accurate, and confirm knowing v	o personner propeny ga le persons directly respo implete. I am aware tha riolations.	ither and evaluate the info insible for gathering the in it there are significant pen	imation submitted. Assert formation, the information s affect for submitting false int	supervision is accordance with a system I on my inquiry of the person or person submitted is, to the best of my knowledg formation, including the possibility of fin
				BOWDERS		
Tit	the SUPE	RVISOR		* *************************************	Telephone 3/	4-577-8036 68
Si	griature:	NAWA		constitute plantation = + + + + + + + + + + + + + + + + + +	Cale: 2/20/	58

Client Project ID: SUH

Pace Project: 6031527

Sample ID: SLUH 001/4

Lab ID: 6031527001

Status: Complete

Matrix: Water
Colleté Date: 11/14/2007

Recvd Date: 11/15/2007

Methods

Γ	Analysis	Method Desc	Status
200.7	MET ICP	EPA 200.7 (Analytical)	Complete
25400	Total Suspended Solids	SM 2540D (Analytical)	Complete
T 410.4	COD	EPA 410.4 (Analytical)	Complete
F 52108	BOD, 5 day	SM 5210B (Analytical)	Complete
F 624 V	olatile Organics LowLevel	EPA 624 Low (Analytical)	Complete
☐ 625 M	SSV	EPA 625 (Analytical)	Complete
T HEM,	Oil and Grease	EPA 1664A (Analytical)	Camplete

Show Hits Only

Query by Method

Result List

9 Items found, displaying all Items. 1

RL=Report Umit, DF=Dilution Factor, Bas=Basis, Qual=Qualifiers

thod Desc	Parameters	Results	Units	RL	DF	Analyzed Oate	8-85	Quəl
EPA 200.7	Silver	ND	ug/L	7.0	1	11/26/2007 15:37	NA	
EPA 625	Phenol	ND	ug/L	5.0	1	11/28/2007 20:33	NA	
EPA 624 Low	Methylene chloride	ND	ug/L	1.0	1	11/26/2007 22:03	NA	
EPA 624 Low	Chloroform	1.1	ug/L	1.0	1	11/26/2007 22:03	NA	
EPA 624 Low	Preservation pH	1		1-0	1	11/26/2007 22:03	NA	
EPA 1664A	Oil and Grease	24.6	mg/L	5.0	1	11/26/2007 11:39	NA	
SM 2540D	Total Suspended Solids	108	mg/L	5.0	1	11/19/2007 12:00	NA	
SM 5210B	80D, 5 day	164	mg/L	2.0	1	11/20/2007 11:49	NA	
EPA 410.4	Chemical Oxygen Demand	427	mg/L	50.0	1	11/21/2007 00:00	NA	

Client Project ID: SLUH

Pace Project: 6031527

Sample ID: SLUH 002/4

Lab ID: 6031527002

Status: Complete

Matrix: Water

Collete Date: 11/14/2007

Recvd Date: 11/15/2007

Methods

ZieylanA	Method Desc	Status
7 200.7 MET ICP	EPA 200.7 (Analytical)	Complete
7 25400 Total Suspended Solids	SM 2540D (Analytical)	Complete
T 410.4 COD	EPA 410.4 (Analytical)	Complete
☐ 5210B BOD, 5 day	SM 5210B (Analytical)	Complete
624 Volatile Organics LowLevel	EPA 624 Low (Analytical)	Complete
☐ 625 MSSV	EPA 625 (Analytical)	Complete
HEM, Oil and Grease	EPA 1664A (Analytical)	Complete

Show Hits Only

Query by Method

Result List

9 Items found, displaying all items.1

RL=Report Limit, DF=Dilution Factor, Bas=Basis, Qual=Qualifiers

thod Desc	Parameters	Results	Units	RL.	OF	Analyzed Date	8as	Qual
EPA 200.7	Silver	ND	ug/L	7.0	1	11/26/2007 15:41	NA	
EPA 62S	Phenol	ND	ug/L	5.0	1	11/28/2007 20:59	NA	
EPA 624 Low	Méthylene chloride	ND	ug/L	1.0	1	11/26/2007 22:26	NA	
EPA 624 LOW	Chloroform	2	ug/L	1.0	1	11/26/2007 22:26	NA	
EPA 624 Low	Preservation pH	1		1.0	1	11/26/2007 22:26	NA	
EPA 1664A	Oif and Grease	82.7	mg/L	5.0	1	11/26/2007 11:39	NA	
SM 2540D	Total Suspended Solids	202	mg/L	5.0	1	11/19/2007 12:00	NA	
SM 5210B	BOD, 5 day	528	mg/L	2.0	1	11/20/2007 11:59	NA	
EPA 410.4	Chemical Oxygen Demand	783	mg/L	200	1	11/21/2007 00:00	NA	

SLUH BLDG SERVICES

Client Project ID: SLUH

Pace Project: 6031527

Sample ID: SLUH 003/4

Lab ID: 6031527003

Status: Complete

Matrix: Water

Collete Date: 11/14/2007 Recvd Date: 11/15/2007

Methods

Γ	Analysis	Method Desc	Status	
<u></u>	2540D Total Suspended Solids	SM 25400 (Analytical)	Complete	
Γ 4	110.4 COD	EPA 410.4 (Analytical)	Complete	
Γ 5	52108 BOD, S day	SM 5210B (Analytical)	Complete	
Γ.	524 Volatile Organics LowLevel	EPA 624 Low (Analytical)	Complete	
	525 MSSV	EPA 625 (Analytical)	Complete	
T +	HEM, Oil and Grease	EPA 1664A (Analytical)	Complete	

Show Hits Only

Query by Method

Result List

8 items found, displaying all items.1
RL=Report Limit, DF=Dilution Factor, Bas=Basis, Qual=Qualifiers

Method Desc	Parameters	Results	Units	RL	OF	Analyze:f Date	Bas	Qual
 , 625	Phenol	ND	ug/L	50.0	10	11/29/2007 14:07	NA	
EPA 624 Low	Methylene chloride	ND	ug/L	1.0	1	11/26/2007 22:49	NA	
EPA 624 Low	Chloroform	1.2	ug/L	1.0	ı	11/26/2007 22:49	NA	
EPA 624 LOW	Preservation pH	1		1.0	1	11/26/2007 22:49	NA	
EPA 1664A	Oil and Grease	98.4	mg/L	5.0	1	11/26/2007 11:40	NA	
SM 2540D	Total Suspended Solids	94	mg/L	5.0	1	11/19/2007 12:01	NA	
SM 5210B	8OD, 5 day	288	mg/L	2.0	1	11/20/2007 12:04	NA	
EPA 410,4	Chemical Oxygen Demand	551	mg/L	50.0	1	11/26/2007 00:00	NA	

Client Project ID: SLUH

Pace Project: 6031527

Sample ID: SLUH 004/4

Lab ID: 6031527005

Status: Complete

Matrix: Water

Colletd Date: 11/14/2007 Record Date: 11/15/2007

Methods

Status **Method** Desc Analysis Complete 2540D Total Suspended Solids SM 2540D (Analytical)

☐ 410.4 COD

EPA 410.4 (Analytical)

Complete

Show Hits Only

Query by Method

Result List

2 items found, displaying all Items. 1

RL=Report Limit, DF=Dilution Factor, Bas=Basis, Qual=Qualifiers

Method Des	c Parameters	Results	Units	RL.	DF	Anaiyzeii Date	843	Qual
SM 2540D	Total Suspended Solids	26	mg/L	5.0	1	11/19/2007 12:02	NA	
EPA 410.4	Chemical Oxygen Demand	15.1	mg/L	10.0	1	11/26/2007 00:00	NA	

Client Project ID: SLUH

Pace Project: 6031527

Sample ID: SLUH 005/4

Lab XD: 6031527004

Status: Complete Matrix: Water

Colletd Date: 11/14/2007

Recvd Date: 11/15/2007

Methods

Г	Analysis	Method Desc	Status
L 3	S40D Total Suspended Solids	SM 2540D (Analytical)	Complete
[4	10.4 COD	EPA 410.4 (Analytical)	Complete
Γ 5	5210B BOD, 5 day	SM 5210B (Analytical)	Complete
Γ 6	324 Volatile Organics LowLevel	EPA 624 Low (Analytical)	Complete
Гб	525 MSSV	EPA 625 (Analytical)	Complete
厂	IEM, Oil and Grease	EPA 1664A (Analytical)	Complete

Show Hits Only

Query by Method

Result List

8 Items found, displaying all Items.1

RL=Report Limit, DF=Dilution Factor, Bas=Basis, Qual=Qualifiers

Method Des	c Parameters	Results	Units	RL.	DF	Analyzeil Date	849	Qual
x 625	Phenol	23.9	ug/L	5.0	1	11/28/2007 21:50	NA	
EPA 624 Low	Methylene chloride	NO	ug/L	1.0	1	11/26/2007 23:12	NA	
EPA 624 Low	Chloroform	2.1	ug/L	1.0	1	11/26/2007 23:12	NA	
EPA 624 Low	Preservation pH	1		1.0	1	11/26/2007 23:12	NA	
EPA 1664A	Oll and Grease	22.2	mg/L	5.0	1	11/26/2007 11:40	NA	
SM 2540D	Total Suspended Solids	123	mg/L	5.0	1	11/19/2007 12:01	NA	
SM 52108	BOD, 5 day	98.9	mg/L	2.0	1	11/20/2007 12:06	NA	
EPA 410.4	Chemical Oxygen Demand	231	mg/L	50.0	1	11/26/2007 00:00	NA	

MMA Wastewater Program Sample Collection Sheet

Company Name: St. Louis U	Iniversity Hospital Date: 11-14-07
Sample Technician: BURN BEG	OilNic Code: SLUH 001/
•	Location: MH in driveway west of loading
	dock. Sample where all flow meet.
Sample Volumeml	Weather Conditions
Ambiant Temp:555 F	Clear Cloudy Rain
Grab Data: Time 744	Sample Temp 10
Color Carupy	A
Odor Ni)	
Odor_707	
Composite Data :	· · · · · · · · · · · · · · · · · · ·
Time 75 Volumeml Temp	BO PH 9.7 Color CLOUDY Odor N
	pH Color CLOUDY Odor (A))
Time (149)	TIMEN AND AND AND AND AND AND AND AND AND AN
Volumemi lemp	pH Calor CLOUDY Odor ND
Time / Volumeml Temp_	pH Color CLOURY Odor NB
Time Volumeml Temp_	pH Cclor Odor
	pHColorOdor
	그 그는 그는 사람들은 그 축구되지 않는 수 있는 사람들은 그는 그는 그를 가끔 가장 함께 밝혀 중
omments and Observations: TTO	4th quarter V()A, semi VMA
rameters Requested: BOD, CO	DD, OIL/GREASE, TSS, AG.
ain of Custody	
Octivered to : VACE	
	Date: //-/14-07 Time: Z-/***
Chain of Custody Maintained?	(es) No
e undersigned, to the best of my knowledge due applete and correct.	e hereby, under penalty of purgery, attest to the above as being both
hoff below	

STORMWATER RUNOEF

MMA Wastewater Program Sample Collection Sheet

Sample Technician: Butth Reference April Date: D
Sample Point # 002 Location: MR on Vista 15' W of sidewalk & 36' Sample Volume
Sample Volume
Sample Volume
Ambiant Temp: 55 F Grab Data: Time Sample Tamp 94 Color MDUDY SHEET Sample pH 9.2 Odor MDUDY SHEET Sample pH 9.2 Composite Data:
Color MDDD SHEET Sample pH 9.2 Odor MDD Composite Data: 1. Time 130 Volume ml Temp 84 pH 9.2 Cclor CLOUDY Odor ND 2. Time 1030 Volume ml Temp pH Cclor CLOUDY Odor ND 3. Time 1030 Volume ml Temp pH Calor CLOUDY Odor ND 4. Time 1030 Volume ml Temp pH Calor CLOUDY Odor ND 5. Time Volume ml Temp pH Calor Cloudy Odor 5. Time Volume ml Temp pH Calor Odor
Composite Data: 1. Time Volume ml Temp pH
Composite Data: 1. Time 130
1. Time
1. Time
3_Time
3_Time
4. Time // 30 Volumeml TemppHCalor (100) Odor
5. Time Volume ml Temp pH Color Odor
"我是我的人的,这一个一个人的人的是一个人的话,我们的话,我们的话,我们就没有一个人的话,我们就会看到这一个人的话,我们就是这个人的话,我就是这个人的话,不是一
"我是我的人的,这一个一个人的人的是一个人的话,我们的话,我们的话,我们就没有一个人的话,我们就会看到这一个人的话,我们就是这个人的话,我就是这个人的话,不是一
Comments and Observations:
Parameters Requested BOD, COD, OIL/GREASE, ISS, AG.
Chain of Cuspidity
Delivered to Time 25/15/1
Chain of Custody Maintained 7
I the undersigned, to the best of my knowledge due hereby, under penalty of purcery, attest to the above as being both
complete and correct
Signed 1/-14-07 Dite 1/-14-07

MMA Waste Water Program Sample Collection Sheet

Company Name Saint Louis University Rospital	Oate
Sample Technician DVICH BEGENIAM	Code_SIDH 003/4
	Marini de la companya
Sample Point #Location	
Amblent Temp	1
Weather Conditions: Clear Cloudy Rain	
Grab Data: Time 154 Sample Temp 74	PUNGENT
Color CLOUPY . Sample pH_ 3.7	Odor
Composit Data:	
1. Time 804 Temp 74 OH 8 17 Color CLOUDY	
2. Time 904 Temp pH Color CLOUVY	Odor PUNCENT
3. Time / Temp pH Color (LOU)	Y Odor PUNGENT
4. Time // Temp pH Color COUNTY	Odor PUNGETUI
S. TimepHColor	Odor
6. TimepHColor	Odor
TTO Data 4 TH QUARTER	
Parameters BOD, COD, O/G, TSS, TTO	
Comments & Observations	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
21 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Chain of Custody(s) Delivered to:	
Chain of Custody Maintained? Tres No Date 11-14-0	7 Time Ze/M
I the undersigned, to the best of my knowledge due hereby, under pen	ally of purgery, attest to the about the same
as being both/complete and correct.	
Signed Duty MMM	Date 1/-14-07
Notes	
4	



MMA Waste Water Program Sample Collection Sheet

Company Name S	aint Louis Un	iversity	Hospital .	Oate//-/40/	
Sample Technician	Butal Beson	ANIL		CodeSIJH_004/;	<u> </u>
Sample Point #					
Ambient Temp 55	F	js.			· · · · · · · · · · · · · · · · · · ·
Weather Conditions:	Gear C	Noudy	Rain		
Grab Data: Time	00000000000000000000000000000000000000	Samp	le Temp	Odor	
Color		Samp	e pH		
Composit Data:	Temp 65	_{рн} 38	Color SULHTY	COUDY Odor ND	
				DUDY Odor ND	#
M.				QUEY ODOR ND	
	•		Color x 16 Hild Co		<u>a</u>
•				Odor:	-
				Odor	
тто в <u>ата ИО</u>	TTO	*			
Parameters COD.	TSS. TTO			,	
Comments & Observat	fons				
p					noonnaanna kannaanna
Chain of Custody(s) De	elivered to:	KE.			
Chain of Custody Main		No	Date /1-14-07	Time 2-19 Mg	
I the undersigned, to to as being both complete	he best of my know any correct.	ledge due h	ereby, under penali	y of purgery, attest to the	above
Signed July /	men			Date 11-14-0)	
Notes	,		·		
A and a second		,		,	
			,		
	***************************************			4 ,	

MMA Waste Water Program Sample Collection Sheet

Company Name	Saint Louis	University Hospital	Date// -/4 · 0 /
Sample Technidan_	KUTCH BEL	SEMENN	Code SLUH 005/ 4
Sample Point #	Location		
Ambient Temp 55	F	w	
Weather Conditions:	(Cear)	Cloudy Rain	
Grab Data: Time	CLOUDY	Sample Temp	
Composit Data:	_Temp <i>8f^c</i>	pH 3.5 Color CLOURY	Odor ND
2. Time 4 2	Temp	DHCOLOR_CLOUDY	Odor <i>ND</i>
3. Time 1012	_Temp	OH COLOR CLOUDY	Odor <i>[M]</i>)
4. Time // 22	Temp	pHColor_LWUDY_	Odor UI)
5. Time	Temp	pHColor	Odor
6. Time	_Temp	pHColor	Odor
TTO Data 4TH	QUARTE	R	
Parameters BOD, (000, 0/G, TS	S, TTO	

Comments & Observa	itions		
	40kmanaa.		
	Name of the last o		
Chain of Custody(s) C	Sellvered to:	SHEE	
Chain of Custody Main) No Date //-/4-0	7 Time 75/100
I the undersigned, to as being both comple	the best of my kn te and confect.	九连国 新 经基份 在此	y of purgery, attest to the above
Signed Duly	Marin		Date 1+14-07
Notes			
pacagain	. 6	•	
_		1	

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	O
	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION B.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

talse information, including the possionity of line that improved the	RECEIVED
Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896 JAN 1 8 2008
Signature:	Date: 1/14/08 DIVISION OF
	ENVIRONMENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

1402 South Grand Blvd.St. Louis, MO 63104-1085

Fax: 314-977-5560

Health Sciences Center Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

January 14, 2008

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Oct. - Dec. 2007

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

JAN 18 2008

DIVISION OF ENVIRONMENTAL COMPRISENCE

PAGE 01/02

4112-1951-00

Saint Loui	is Universit	y Hospital

3142685563

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	Λ



December 13, 2007

hir. Scutt Rebroer

St. Louis Metropolitan Sewer District

30 Fast Grand

St. Louis, MO63147

Dear Mr. Rehmer,

We are in receipt of your letter date November 27, 2007 regarding an oil/grease violation at sample point 003. We are massare as to any cause for the exceedence and have made every effort to ensure that we take whatever steps necessary to stay in compliance.

We have collected additional samples for our fourth quarter monitoring requirements and as soon as those results become available to us, we will forward them to you. If you have any questions, please give me a call at (314) 577-8000.

Sincere y,

Skip Bewders, Energy Center Supervisor



Metropolitan Saint Louis Sewer District 2350 Market Street Saint Louis, Missouri 63103-2555

ST LOUIS UNIVERSITY HOSPITAL 3635 Vista Ave St. Louis, MO 63110

Attn:

Skip Bowders

Energy Center Supervisor

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 4112195100.

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2007.

Fee will be included in a separate bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2007 through September 30, 2008 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at 3635 & 3655 Vista Ave.

Base charge @ \$150.00 per permit Volume charge @\$0.72 per average daily Ccf Sample Point Charge @\$100.00 per sample point

161.69 Ccfs 5 points \$150.00 \$116.42 \$500.00

Total Fee Due:

\$766.42

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, please call 1-866-281-5737.

THIS IS NOT A BILL DO NOT PAY NOW

FEE WILL BE INCLUDED IN A SEPARATE BILL



Metropolitan St. Louis Sewer District

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913

Phone: 314.768.6200 www.stlmsd.com

November 27, 2007

Skip Bowders, Energy Center Supervisor ST. LOUIS UNIVERSITY HOSPITAL 3635 Vista Avenue PO Box 15250 St. Louis, MO 63110

RE: NOTICE OF VIOLATION - WASTEWATER DISCHARGE PERMIT NO. 4112195100

For premise at: 3635 / 3655 Vista Avenue, 63110

Dear Mr. Bowders:

We have reviewed the third quarter 2007 self-monitoring report recently submitted to the District under the permit referenced above. Unfortunately, the following violation of permit limitations was identified:

VIOLATION OF DISCHARGE LIMITATIONS:

		SAMPLE	SAMPLE		DISCHARGE	LIMIT	VALUE
DATE	TIME	POINT	TYPE	POLLUTANT	LIMIT	TYPE	FOUND
09-11-07	1040	003	Grab	Oil & Grease (T)	200 mg / L	IN	204 mg/L

(T) = Total substance

mg/L = milligrams per liter

IN = Instantaneous

See enclosure for explanation of asterisks which appear in the Value Found column.

VIOLATION OF PERMIT TERMS/CONDITIONS:

Permit Standard Condition I.A.10 requires you to notify MSD within one business day of becoming aware of any discharge violation. Our records indicate that MSD received no such notification. Our experience shows that analytical results generally become available within one to four weeks of sampling. Upon your receipt of those results, comparison with the permit discharge limits should enable immediate identification and prompt reporting of any violations.

REQUIRED ACTION/RESPONSE:

- 1. Submit a report of corrective actions to ensure compliance with MSD reporting requirements. In the report:
 - a. Include actions to ensure that you will report any future self-monitoring discharge violations within one business day of your becoming aware.
 - b. Include actions to ensure that you will resample and submit the results to MSD within 30 days of becoming aware of any future self-monitoring discharge violation.
- 2. Refer to the enclosure for additional information on:
 - a. Potential enforcement actions should noncompliance continue
 - b. The meaning of any asterisks that appear in the Value Found column
 - c. Percentages applicable to Significant Noncompliance, when planning additional sampling
- 3. Please submit your response no later than December 17, 2007.

Thank you for helping us to comply with all regulations. If you have any questions, please contact me at 314.436.8756.

Sincerely.

METROPOLITAN ST. LOUIS SEWER DISTRICT

Scott Rehmer, Assistant Engineer Enclosure: SNC enclosure

PRIORITIES PERFORMANCE SERVICE

SAMP. TIME XXXXXXX

PAGE 02/07

METROPOLITAN ST. LOUIS SCUED DISTORCY

DAD* 01-			AN ST. LOUIS SEW USER SELF MONITO		
3635			L 63110	PERMIT NUMBER	41121951-00
MONITORI Samples Samples	collec	waren carrier andre after, letter plant villet josep tyrrig carrie samm melle mille andre deser deser	 R APR/JUN itan Manufacture	× JUL/SEP rs' Association 3 ICES, INC.	0CT/DEC 814-966-1006
PART II	ANAL	YTICAL RESULTS OF	SELF MONITORING		and the first stage and are one are here here and are
MSD SAMP	LE POI	NT #	004 #	005 #	of their finals dead office warm man which have been break great appet 40th.
SAMPLING			09-11-07	09-11-07	n direct region region (600° South South Good South South South South South South
FLOW ((GPD)		936 EST.	5,000 EST.	
PARAMETER		/C LIMIT	ANALYTICAL R	============== ESULTS	
TEMP	C g	60@C.	ر پینم اینو خود جنوب جنوب جنوب بودن شد. داند داند داند بیشت بیشت بیشت بیشت بیشت بیشت بیشت بیشت	25.6	
PH	9	5.5 TO 11.5	مدار کشت. مشار کرونار کرونار موروز جونان میروز جونان کرونار دونان میروز بازدی مستقد مشت. مدار احداد	9.1	
BOD	· c	300 mg/l	mg/l	91.6 mg/l	mg/l
COD	С	600 mg/l	mg/l	151 mg/l	mg/1
TSS	c	350 mg/l	mg/l	130 mg/l	mg/l
OIL/G	GR g	200 mg/l	mg/1	25.5 mg/l	mg/l
cd	С	mg/l	mg/l	mg/l	mg/l
cr	c	mg/l	mg/l	mg/1	mg/l
cu	c	mg/1	mg/l	mg/l	mg/l
рb	c	mg/I	mg/1	mg/1	mg/1
ni	c	. mg/l	mg/l	mg/l,	mg/l
ag .	c	mg/l	mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	8	mg/1'	mg/l	mg/l	, rel bass, in-sh. fagge 'tone' recei bassé albur 1999' 'tone' recei jacon' consi
cn-A	9	mg/l	mg/1	mg/l	mg/1
TTO	a 	5.52mg/1	ms/1	ووجع استيه المهيد بالأول ووادي محمدا أسلية بالأول إدوات أسمته أمسط أسيارة بإزادة أوسس أستية الأول	mg/l
and bread deem gastel they were people spings have a		mg/1	mg/l	mg/1	mg/1
		**************************************	~~~	mg/1 ,	· ma/1

mg/1

mg/1 .

7:48AM-10:48AM

PART III:

SPECIAL CERTIFICATION STATEMENTS

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

pem	and on the special contained anyour decrining parmit you may be required to certify the or more of the following. Please review you the and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If you and contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.
A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	1 certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) 00 4
6 .	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change at the character of wastes discharged at those active commention points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following cartification: I cartify, since the permit issue date, there natibeen no change in this status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification: I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatmen standards in 40 CFR
G .	at the Pharmaceutical sample point(s) subject to the following certification: I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Standards Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrical & Electroplating Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing compliance with the permit finitiation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated trade organics into the wastewaters has occurred state fitting the text discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PAR	T IV: GENERAL CERTIFICATION STATEMENTS
กลัสเร	the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
•	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In fine of monitoring for TTO at sample point(s) In the content of the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the was lewaters africe filing of the last discharge monitoring report.
I.	DISCHARGE MONITORING REPORT CERTIFICATION
nd be	y under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system and to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquisy of the persons arrange the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge start, true, accurate, and complete. I am aware that there are significant penalties for submitting takes information, including the possibility of fine personment for knowing violations. Type name of signing official:
do:_{	: CAP 18/18/2 "Telephone: 3/4-577-802 6
useng	Mr. Mark

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE			IN	DUSTRI	AL USER S	SELF MON	ITORING RE	PORT		
ST. L 3635	IUO. 2IV	S UNIV TA AVE S, MO.		Y HOSP	1TAL - 63110		PERMIT	NUMBER	4112	1951-00
MONITORI Samples Samples	col	lected	by	.Metro	/MAR politan M ACE ANALY	lanufacti	UN X JI urers' Asso	ociation	0CT, 314-966-	/DEC -1006
PART II	A! ===:	NALYTI	CAL RI	ESULTS	OF SELF	MONITOR:	ING	or ellin diffi haal bass legg, dissi sops		
MSD SAMP				#	00)1 #	002	2 #	003	=======
SAMPLING						11-07		L-07		1-07
FLOW	(GP	D) E/	/M		92.	000 EST.		OO EST.		O EST.
PARAMETE		G/C	LI			ALYTICAL	RESULTS		offers where shaded animal section comes supply the section and section and section and section animal section	
TEMP	С	9	60	ec.	31	. 1	30.0)	25 . 6	***************************************
PH	9	5.	5 TO	11.5	9	.1	8.2	·	8.0	- mar ann tum than mai
BOD		С	300	mg/1	54	.9 mg/l	132	mg/l	496	mg/l
COD		c	600	mg/l	203	mg/l	229	mg/l	762	 mg/l
TSS		c	350	mg/1	61	mg/l	97.	3 mg/l	171	mg/l
01L/6	aR g)	200	mg/l	7	.1 mg/l	15.	 1 mg/l	204	 mg/l
cd	c		\$2000 Sec.	mg/l	1 Million Alexan alexan sampin 1995 Year's Second Second and	 mg/l	Took for food book last gliffs loof 2000 dock out-	mg/l	of treed breed trade with some come divine and	mg/l
cr	С		المستقد شقالها أفهوا أجمعا تملك	mg/1	والمناح أنسية المؤلفة الكولة منتقد مسلم والم	mg/l	"Third , find period bases agged Addit allow these waxes some	mg/l	it work women stops tights' toose your breek would be	mg/l
cu	С		*60° *Half Burst Susse away.	mg/l	dell case aggraphe had had seen away gg	mg/l	Small I and grap space, then regres many 'speci many poor'	mg/l	ي همه ويون محمة لحسن لحسن إنجابي "1994 (1994 - 1	mg/l
Pb	c		the term out approximation	mg/l	THE THE THE THE THE THE STEEL SHEET SAME SAME SAME	mg/l	p based, based planer Young Wald Young Louis again	mg/l	r road hand good dook 1979 900ir amar saart iy	mg/l
ni`	c	hann tones areas were the same to the same	trace apply dates dates a	mg/l	Sand Jenny Sassa seggs 1988 arms sassa Sajar 1988	mg/l		mg/l	faces faces among papers plays abbuts compressing	mg/l
ag	с 		0.5	mg/l	0.0	007 mg/ l	⟨ 0.00;		annes datas singo albas visit from from James an	mg/l
Zn	C			mg/l	The same three capes again hand down them adder	mg/l	المالية	mg/l	سنو پسندنا احتجاد موجود موسده محمد محمده	mg/l
cn-T	9			mg/l	محب همين محمو نسب نسب يحول محمل شنب بهبن	mg/l	ستر هو پو دوون حصد کاست هوی څوکې حصد احداز څدماز اوک	mg/l	high page arms arms game page and arms and all services and an experience of the services are services as a service are services are services as a service are services as a s	mg/l
cn-A	g			mg/l	and parts delice delice design (Speil) Small County assure	mg/l	and a depty, grant grant, beaut latest latest make 4000	 mg/l	مستو چندنهٔ استدیا البتیای محمود بیوبود، مقوداد، آدمادهٔ استد	mg/l
TTO	g		5.52	mg/1	of temp panel Syste State seem diggs hard have t	mg/l	to, and a fairly shally result power passed states, ablieve where taken	mg/l		سے زیرے سے مت کگا
			Min	mg/l	of dates may quair family family attack these called a	mg/l	d level 4670s 1900s Auszu werze wege 1900s dazes were west	mg/l		mg/l
SAMP.	TIM	IE	XXX	XXXX	7:34A·	-10:34AM	7:52A-1			mg/l
						FAI WOOD SOUR N-S			7:40A-	10:40A

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PAR	T M:	SPECIAL	. CERTIFICATIO	ON STATEMENT	rs			• • • • • • • • • • • • • • • • • • •
perma	(and Mryc	E AORK INIL	IALS IN THE BOXI	r discharge permit y ES NEXT TO THOSE of the certifications	E CERTIFICATION	IS WHICH ARE AF	PPLICABLE TO Y	ng. Please review your OUR FACILITY. If your
A.	lf your certifid	pemik special (don:	conditions waive r	monitoring at any sa	mple point(s) spe	uified in your permi	t, you are required	to make the following
		l certify, sin point(s) O	ce the last discharg	e monitoring report,	there has been no	Ango in the chara	icter of the wastes	discharged at sampling
8.	If your pare requ	nusa to wake	me tottowing certif	ication: ;				ints in your permit, you
		connection	points which are n	or ebec <u>iga</u> q iv wa b a woutowed usbour	mere has been no ermä .	change in the char:	icter of westes dis	charged at those active
C.	If your p	centry, sm	ce the parmit issue	nonitoring at inactive date, there nagbe discharge occurred	en no change in ti	he status of connec	Athebi etniog nock	ving certification; ed as inactive. These
O.	If your p	S IDBOMING OF	roncation;					s), you are required to
		certify the	grab sample result	s in this report accu	rately represent o	ur av erago daily dis	icharge at sample	point(s)
€.	lí your pe	ma igrowxið	centication:				•	ards, you are required
		standards in	the tast discharged to CFR	ge monitoring report	there has been	no discharge of wa	estes which are st	Ajaci io pretreatment
F.	Discharg at the Pt	l certify, since	s the leat descharge senship postes) so	iolocito me torowili	g certification: Syanide has not be			ring for Total Cyanide eutical manufacturing
G.		ente sample p Based on my	okit(s) subject to the personal	pred nom (10 moderns) The following certification	ndorng only at the ion; v tesponsible for m	Electropizing, Ma	otal Falshing or E	lectrical & Slectronic lectrical & Electronic mitation for total toxic
	Ų	**************************************	C)' i contoil author i	to the best of my k	nowledge and be	ilet na dumaina a	frontanted de	oc organics into the applementing the toxic
PART		'A '	the second second second second	N STATEMENT				
inval me	DOX for st	Riement A If i	epplies to you. E	veryone must com	plets the informa	don under statem	ert B and algor (is report
Α .	Otschange	s at sample p	olinta autoject only to	MSD Ordinanos Im	te can to avance.	. I 6mm TTV		
	لـــا	envic os Baulica	Make pool naog st	this premise or disch	arged into the was	onth sorie endawe	of the last dischar	Andge and belief, no ge monitoring report.
8.	DISCHAR	GE MONITO	ang report ce	RTIFICATION	,			
I contify u	nder penal	ly of Law that	this document and	I All attachments wo				Managara .
designed	to easure	that qualified	personnel property	ow enomination was all all the same was all the same with fire and all the same with t	o the information =	why carection of su Libralian flavor	pervision in accom	larice with a system
and begat	ngo ma sys . bun =	rom, or those	persons directly re-	gerier and evaluals Sponsible for gathers Navie one seed that	ng the information.	the information au		2-porson or porsons \$400 my knowledge
and imphi	ronment fo	r knowing vio	lations.	ater subid 645 Pellisk	saur boustos fot s	vomitting false info	maton, including	he possibly of fine
				V. BOWDE	54			
Tibe: 54	Pen	VISOL VISA			7	elephone 3 / K	577-5	326
Signature:	Stell	MIN			**************************************	Seleptione: 318	7	Manager
				**************************************		Date: 11/20/	27	



Metropolitan St. Louis Sewer District

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 Phone: 314.768.6200 www.stlmsd.com

November 20, 2007

Skip Bowders
Energy Center Supervisor
ST. LOUIS UNIVERSITY HOSPITAL
3635 Vista Avenue
P.O. Box 15250
St. Louis, MO 63110

RE: NOTICE OF VIOLATION – WASTEWATER DISCHARGE PERMIT NO. 4112195100 For premise at: 3635 & 3655 Vista Avenue, 63110

Dear Mr. Bowders:

Your facility's wastewater discharge is regulated under the permit above. The permit requires you to self-monitor the discharge at each of the identified sampling points. Monitoring must occur for the parameters and frequency specified in your permit. You must report the results quarterly. Your report for third quarter 2007 was due by October 28, 2007.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

- Permit Standard Condition I.A.1 requires sampling and analysis for all regulated substances at the frequencies specified in the permit. MSD has not received analytical results for the third quarter 2007.
- <u>Permit Standard Condition I.A.9</u> requires that self-monitoring reports be completed and submitted no later than 28 days after the end of each quarter. MSD has not received the third quarter 2007 self-monitoring report.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

REQUIRED ACTION/RESPONSE:

The reporting requirements of your permit also include completing certain certifications for each quarter. If you cannot meet the sampling and analytical requirements, you still should submit the report with all applicable certifications completed. MSD then can record the reporting violation as an incomplete report, rather than no report.

- 1. Submit the third quarter 2007 self-monitoring report. In the report:
 - a. If sampling was not conducted, include a brief explanation for the absence of sampling data on the front of the form – in the space normally occupied by the sampling data
 - b. Complete all applicable certifications

- 2. Submit a report of corrective actions, to ensure compliance with your permit's sampling, analysis and reporting requirements. In the report:
 - a. Include actions to ensure that you will conduct sampling and analysis for all regulated substances at the frequencies specified in the permit
 - Include actions to ensure that you will complete and submit self-monitoring reports no later than 28 days after the end of each quarter
- 3. Submit your third quarter 2007 self-monitoring report and corrective action response no later than <u>December 10, 2007.</u>

Thank you for helping us to comply with state and federal regulations. If you have any questions, please contact me at <u>314.436.8756</u>.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Scott M. Rehmer Assistant Engineer

cc: Doug Mendoza Jim Goodall

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Comp	any: St. Louis University Hospital			Account #:	41121951-00			
Prem	ise Address: 3635 & 3655 Vista Ave.			Zip Code:	63110-			
Last	Inspection Date: 11/17/06				7117 7117 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
MSD (Classes: SIU CIU Surcharge No Process Flow Multi- any Representative: Skip Bowders	Potent User	ial Tox IIU [ic Waste 🔀 No:] Special Hand	n-Toxic Waste [
	e: Energy Center Supervisor			Phone#: 314-5	577-8070			
Inspe	ector: J. Goodall							
Othe:	rs Present: None				· , , , , , , , , , , , , , , , , , , ,			
Insp	ection Date: 9/19/07 Time of	Inspection	: From	<u>09:10 AM</u> To	11:10 AM			
	ALL ITEMS ARE TO BE COMPLETED BASED OF INFORMATION PROVIDED BY COMPANY DURING TO DATABASE ALSO UPDATED WITH APPROPRIA	INSPECTION,	AS WELL	AS INFORMATION I	N FILE.			
	DATE OF THE PROPERTY OF THE PR	HID CHANGE	- 966	accached databa	iga raborca			
1.	A. ARE THERE ADDITIONAL ACCOUNT NUM	BERS?			Yes⊠ No□			
	List them, note any changes:	41121950	-00, 90	091536-01				
	B. WERE ALL ACCT NUMBERS VERIFIED A	S CORRECT	& ACTIV	E ON BILLING SYS	STEM? Yes⊠ No□			
2.	PROCESS & CLEANUP/WASHDOWN:	Cont /	Til m to man	D-44				
۷.	PROCESS & CLEANUP) WASHDOWN:	Cont/ Batch	Water Used?	Frequency of discharge	Complant			
	Hospital care/surgical operations	Cont	Yes	Daily	Sample pt.			
	Clinical & research labs	Cont	Yes	Daily	001,002			
	In-patient psychiatric care &	Cont	Yes	Daily	001,002			
	cancer treatment	Conc	165	Daily	001,002,003, 004,005			
	Owner of Continue	(None)	N/A		004,005			
		(None)	N/A	· · · · · · · · · · · · · · · · · · ·				
	P14	(None)	N/A					
		(2.222)	1		<u></u>			
3.	PRETREATMENT (other than grease traps) - (describe:			Sample pt.			
ſ	Silver recovery (electrolytic & metal	Militarianananananananananananananananananana	cement)	00000000000000000000000000000000000000	001,002			
Ī								
4.	DOES COMPANY HAVE ANY GREASE TRAPS? A. List sample points: 001 B. What is the frequency for cleaning & maintaining the traps? C. Are enzymes (not bacteria) used in traps? D. If yes to C, was co. told to stop or switch to approved bacteria? E. Was co. informed that MSD also performs separate grease trap inspections? Yes No No							
5.	HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPDD C. Will MSD STP's discharge exceed ((MSD must notify MDNR if B or C : D. Comments:	ES discharg	ge limit	t(s)? new pollutant?	Yes No			
6.	ARE THERE ANY FEDERALLY REGULATED (4) A. If yes, list reg. & describe (inc	0 CFR 405-cluding any	471) <u>OP</u> 7 disch	ERATIONS? arge):	Yes□ No⊠			

7.			WASTEWATER COMBIN	IE WITH NON-CAT.	WW PRIOR 1	O SAMPLING?	Yes NoX
	Α.	-	***			ik samasaka	vaa 🗆 va 🗆
		Current appl:			IS	it correct?	Yes No
	C.	•	t is the correct	:T			
		factor & exp	rain change:				
8.	IS	ANY WASTEWATE	R SUBJECT TO PRODU	CTION OR MASS B	ASED STANDA	RDS?	Yes□ No⊠
	Α.						
	В.		ation of the curr				Yes No
			ate or discharge v	rolume changed by	y 20% or mo	re?	
	C.	If yes, expl	ain:				
9.	מונות	የ እእኒህ ነጋአኮፕ(ጎእርም)	IVE MATERIALS HANI	מתים זו			Yes⊠ No□
Э.			rations & disposal		edicine isc	topes are held	
	Α.	Describe Ope	racions & disposar			ed off site fo	
	В.	Does company	have MSD authoriz				
		Date of Auth	orization:	Annua	l amt appro	oved: 12 mCi	*a
	D.	Has company	exceeded the appro	ved quantity?		THE PARTY OF BUILDING SAME AND ADDRESS.	Yes□ No⊠
	E.	If yes, expl	ain:				
10.			P&E WASHDOWN WATER				Yes□ No⊠
	Α.	Explain how	verified & needed	changes: High	volume usag	ge seems norma.	l for the
						ility and the	<u>sanitation</u>
				redur	rements.		
11.	DOE	S COMPANY APP	EAR TO HAVE SOME V	VATER THAT IS NO	T DISCHARGE	D TO SEWER?	Yes⊠ No
	Α.		Factor Program" br				Yes No
			of whether some wa	-		ewer)?	Boond based
					_		
12.			EDED ORDINANCE DIS		INCE		Yes 🛛 No
			ION OR WITHIN THE			_	
	Α.	If yes: Pollutant	When	Sample		lem resolved?	
	ı	O&G	000\$1000020010C00000200000000C200000C-20002C000000000	Points		Describe	7 *
		0&G	10/20/06	002	Yes N/A	Return to com	pliance
					N/A		
					N/A		
					N/A		• •
					N/A		
	в. '	Comments:	<u> </u>		1 -1/	l	
13.	HAS	COMPANY EXCE	EDED CATEGORICAL F	RETREATMENT LIM	ITS SINCE	NA⊠	Yes No
	THE	LAST INSPECT	ION OR WITHIN THE	LAST 12 MONTHS?			
	Α.	If yes:		Sample		lem resolved?	
	,	Pollutant	When	Points	Yes/No	Describe	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
					N/A		
			91,789*1		N/A		T-V-1
					N/A		
					N/A		
	-				N/A		
	[Comments			N/A	T-1007	
	В.	Comments:					
14.	нал	E THERE BEEN	ANY PROBLEM DISCHA	POFS SINCE LAST	TNICDECTTON	19	Vac No M
	Α.	Upsets?		etreatment facil		l ÷	Yes∏ No⊠
		Spills?	Slug discharge				
	В.			hamad 2 3 2 2 2 2 2 4			
		-	- 1111				

15.	ARI	E ANY SOLVENTS USED	?									Yes	No
	Α.								•			413/43	
		List solvents	Used fo	r?	H	ow disp	os		000000000000000000000000000000000000000	ıtan		Proce	
		Petroleum naphtha	Parts w	asher	H	auled c	ff	Υe	es_] No		Yes 🗌	No⊠
		Phenol	Sanitiz	izing Hauled off Yes 🛛 🗎				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes 🗌	Ио⊠			
		Chloroform	Lab tes	ting	H	uled of	f			No		Yes 🗌	ио⊠
		Meth. chloride	Lab tes			auled c				No		Yes	Ио⊠
		Phenanthrene	Lab tes			auled c				Мо		Yes	Ио⊠
		Alcohol	Lab tes	ting	H	auled c	off	Y∈	es_	No	X	Yes	NoX
16.	MAT A.	COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? A. If yes, what needs to be done? B. If no, how are they controlled? Flammables are in containment and other stored liquids are kept away from floor drains. Lab wastes are collected for disposal.											
17.	ARE A. B. C.	. If yes, describe: What needs to be done?] оо □		
		_								_		5	
18.		S COMPANY HAVE ANY	SPILL, SI	JUG OR SO SMP?	Las Las			PLANS(S)			te ne		Ио
	А.	If yes: Title	413/433	uas Upd			MP only)		-	ain i			
		Hazardous Chemical Spill Plan	***************************************	N/A	1/1	/98		Yes	countabases	Io	900000M/Shikiri-Shincannan	onannos annos	
				N/A				N/A	1	I/A			
				N/A				N/A		I/A			
	В.	Are any Plans need (write company and			o those	listed	li	n Part A	?			Yes	№⊠
19.	HAZ A.	HAZARDOUS WASTES: A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users?									Yes∑	No	
	В.	Is there any discharge reported to MSD (under	to the se	wers of haz			ch l	has not bee	n pi	revio	ously	Yes_	Ио⊠
	C. D. E.	If yes to B, list haz was the company provide form for the above regrecomments:	ed with a		-							Yes	No[]
20.	ARE A. B.	E EMERGENCY NOTIFICA Are MSD contacts l If no to either, d	isted?										No No
21.	IS A. B. C.	* *	t is con date & sampling	tained in descript: required	n permi ion: d?			ARGES? or other	do	cume	ent 🗌		No 🗌
	D. E. F.	How frequently are Have reports been If no, explain:				uarter ned by		oper pers	on?	?		Yes⊠	No[

22.	DOE				STEWATER DISCH	ARGE?	Yes⊠	
	Α.			oring requir	_		Yes⊠	********
					samples colle		Yes⊠	
	C.		•	ccion time p resentative)		ompany's production	Yes⊠	ио[]
	ח	Are EP	Yes⊠	No				
		If no	1032	MOL				
			n needed ch					
23.	DOE	S MSD S	SPLIT SAMPLE	S WITH THE	COMPANY?		Yes[]	NoX
	A.	If yes	, is company	y having the	samples analy	yzed	Yes	
	В.		s company insu times & analyt	re proper prese ical methods?	ervation,			
	C.				split sample ana	lyses since the last insp?	Yes	No
	D.	Have rea	sults been subr	nitted within 2	8 days of the cal	endar quarter of collection?	Yes□	
			to C or D,					
				l want to sp	olit samples?		Yes[]	Ио
	G.	Commen	ts:					
24.	IS	COMPAN	Y UNDER ANY	ENVIRONMEN	TAL ENFORCEMEN	NT ORDERS OR REQUIREMENTS	Yes 🗌	No⊠
				SCHEDULE REI	PORTS?	·		
		-	, type and	***************************************	en on-time & o		37 a a 🗀	37 - []
			explain:	x accions be	en on-time & (completer	Yes	иоП
		,	0.1p.z.u.z.r.					
25.				NESHAP REGS			Yes	Ио⊠
					NESHAP regs?	(ask company)	Yes[No
			to A, desc			1.5		
	C.	ir yes	to A, was M	JNR AIT POII	ution Control	informed? (must be done)	Yes	NoL
26.	DO			S NEED TO BE			Yes 🗌	NoX
	Α.			classificati		m		
		SIU [Surcharge Multi-		Toxic Waste Non-Toxi		Ш
	в.		n changes:		3BG1 [] 110	special nandling/bil	.iing [_	
27.	MAR	PLE POI	NTS				D.T.	(r. (m)
	SP		C2C2CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	N/A	Components:	Sanitary + hospital waste		(y/n) No
		"		,	Jompononos.	NCCW + boiler blowdown +		ING
						+ kitchen waste		
	SP	# 002	Fed.Reg.	N/A	Components:	Sanitary + hospital waste	: +	No
	~ ~					x-ray		
	SP	# 003	Fed.Reg.	N/A	Components:	Sanitary + hospital waste	:	No
,	ŞP	# 004	Fed.Reg.	N/A	Components:	NCCW		Yes
	CD	4 005	Dad Das	37 / 3	ļ			
	SP	# 005	Fed.Reg.	N/A	Components:	Sanitary + hospital waste		No
					, , , , , , , , , , , , , , , , , , ,			
28.	ARE A	DISCHA	RGES AT ANY Ps and reaso	SPS SMALL/I	RREGULAR ENOU	GH TO ALLOW GRAB SAMPLES? low intermittent flow	Yes⊠	No
	Α.	diac b	ra and reast	Ms. <u>3F004</u>	& SPOUS Have	TOW INCERMICEER FLOW		
29.			William Commission of the Comm	K-X-2-K-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	each lateral s	eparately)	Yes 🗌	No🛛
		nmy SP		aponents:				
	וויים	nmy SP	# Con	nponents:				
30.	DO 2	ANY SAM	PLE POINTS	(including U	Insampled/Dummy	SPs) RECEIVE STORMWATER?	Yes⊠	No
		List S	Ps: SP001,	SP002, SP00	3, SP004, SP0)5	162⊠	мОП

31.	WERE ALL SAMPLE POINTS OPENED AND INSPECTED?	Yes⊠ No□
	A. If any SPs cannot be located or opened, explain:	
	B. If any SP descript's need to be changed, explain:	
	C. Was ANY grease or other problem/debris observed in any SP?	Yes∏ No⊠
	D. If yes to C, list SPs & describe:	
	E. If yes to C, was company directed to take corrective actions?	Yes No
32.	REVIEW THE SAMPLE POINT MAP! Last map revision da	te: 6/6/07
	A. Is the map correct and accurate in all its details?	Yes No
	B. If no, what changes are needed?	1000
USE	THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECT	ION OF THIS SITE.
Most	of radiology has converted to digital processing, but some	liquid processing
rema	ains.	
Hosp	pital operations at 3635 Vista consist of:	
	1st floor - Rehabilitation & food service	
	2nd floor - Radiology & emergency	
	3rd floor - Surgery	

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

SIU CRITERIA WUNNENBERG INFO INDUSTRIAL USER CLASSIFICATIONS SIU 03/06/1997 Base Map 20F1 POTM Reasonable potential for adverse affect 03/06/1997 PTW Wun:St. Louis City & Co. Grid: H 21 Page 38 INSPECTION INFORMATION GENERAL INFORMATION PERMIT INFORMATION IUQ INFORMATION Issue Date: 01/01/2007 IUQ Recvd Date: 07/09/2001 Office Mailing Address Next Due 3635 Vista Ave. Expire Date: 12/31/2011 Reviewer: Fabian Grabski Insp Rslt St. Louis, MO. 63110-0250 Extended Date: IUQ Recvd Date: 07/03/2006 09/19/2007 RIN James Goodall **Billing Address** Writer Fabian Grabsk Reviewer: 3635 Vista Ave St Louis, MO. 63110-0250 CONTACTS BILL Skip Bowders **Energy Center Supervisor** OFF (314) 577-8070 Ext. FLDI OFF Skip Bowders Energy Center Supervisor (314) 577-8070 Ext. Admin Assistant FLD2 Pattie Bassarich **OFF** (314) 577-8070 Ext. OFF1 Skip Bowders **Energy Center Supervisor** OFF (314) 577-8070 Ext. OFF2 Pattie Bassarich Admin Assistant OFF (314) 577-8070 Ext. OPERATIONAL INFORMATION OTHER AGENCIES INFORMATION 11/25/1996 MDNR - Hazardous Waste Program 01721 Work Days: Т T S M W F S 11/25/1996 MDNR - Hazardous Waste Program 01721 1.884 07:00AM 8.0 Y 1 Υ γ Y Y Y Y 09/28/2005 MSD - Billing Account Number 00208067 2 03:00PM 616 8.0 Y Y Υ Y Y Y Y 09/28/2005 MSD - Billing Account Number 00208066 3 615 11:00PM 8.0 Y Y Y Y Y 09/28/2005 MSD - Billing Account Number 00208067 Total Emp: 3,115 Hrs: 24.0 09/28/2005 MSD - Billing Account Number 00447331 NON-SEWERED WASTE 09/28/2005 MSD - Billing Account Number 00208066 Off-Site Disposal On-Site Storage N On-Site Disposal N 09/28/2005 MSD - Billing Account Number 00447331 07/03/2006 Infectious Waste 720000 LBS 07/03/2006 Kitchen/Food Service 3500 GAL COMMENT. RAW MATERIALS SIC INFORMATION EFF DATE MATERIAL_DESCRIPTION QUANTITY UNIT <u>SIC</u> DESCRIPTION 8062 General Medical & Surgical Hospitals 8063 Psychiatric Hospitals PRODUCTS **EFF** DESCRIPTION UNIT AVG_PROD MAX PROD

Report No. PIMSU12/	٩
Data Date & Time:	

05/07/2004 General hospital service

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100 Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

SEWER ACCOUNT
Sewer Accounts
4112195100
4112195001
9009153601

Start Date = 06/01/2006 End Date =	= 10/02/	2007	Wda	VS	Cdavs			
cet. No.	Co	nsumption					Disc	harge
112195001	CCF's	Gallons					Gal/ Wdav	Gal/ Cdav
112195001 04/21/2006 07/18/2006	105	105	Α	89	89		89	
112195001 07/19/2006 10/18/2006	530	635		92	92		181	
112195001 10/19/2006 01/22/2007	10	645		96	96		277	
112195001 01/23/2007 04/18/2007	10	655		86	86		363	
RF 0.68 Acct. Total	655	489,974		30	63	363	918	918
112195100	CCF's	Gallons					Gal/ Wdav	Gal/ Cdav
112195100 04/28/2006 07/18/2006	16,790	16,790	Α	82	82		82	
112195100 07/19/2006 10/18/2006	18,970	35,760		92	92		174	
112195100 10/19/2006 01/18/2007	9,650	45,410		92	92		266	
112195100 01/19/2007 04/18/2007	10,050	55,460		90	90		356	
RF 0.68 Acct. Total	55,460	41,486,964		3:	56	356	79,245	79,245
009153601	CCF's	Gallons					Gal/ Wdav	Gal/ Cdav
009153601 04/19/2006 07/18/2006	6,470	6,470	A	91	91		91	
009153601 07/19/2006 10/17/2006	6,950	13,420		91	91		182	
009153601 10/18/2006 01/19/2007	3,820	17,240		94	94		276	
009153601 01/20/2007 04/17/2007	3,620	20,860		88	88		364	
RF 1.00 Acct. Total	20,860	15,604,365		36	54	364	42,869	42,869

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

gacjacoccoccoccoccoccoccoccoccoccocco						***************************************			
CONNECTION	and SAMPLE POINT INFORMATION							7.	
LATERAL NO.	Lateral Type	DSMH	Tr	eatmen	t Area	Bissell!	Point		
01	Sanitary Or Combined	20F3 35	0C	Trunk	Sewer	Old Mil	ll Creek		
Description	Multiple lines from W side of hospital and								
Sewer Route	W on Vista in 27 pipe to 39th St, then N ir								
SAMPLE POIN				ES Outf					
Description	MH in driveway W of loading dock at SW	corner of ma	in hospit	al buildi					Effective
Discharge Com	ponents Process Description	A	0	Unit	Ma	x Flow	Unit	RUD	Date
Non Contact Coo	lit HVAC		10,000				GPD	D	7/3/06
Sanitary			25,525				GPD	D	9/19/07
Kitchen Waste				GPD			GPD	D	9/19/0 7
Storm Water			0	GPD			GPD	D	9/19/07
Boiler Blowdown			16,800	GPD			GPD	D	9/19/07
Hospital Waste	including x-ray waste		21,354	GPD			GPD	D	9/19/07
	Total Flow Avg =		77,279		Max =				
1920 1012/1901 14248 0454 14 14 94 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	and SAMPLE POINT INFORMATION	***************************************	000000000000000000000000000000000000000	oosoooooooooooo	A4000000000000000000000000000000000000		***************************************		
LATERAL NO.	Lateral Type	DSMH		eatmen		Bissell			
02	Sanitary Or Combined	20F3 35	0C	Trunk	Sewer	Old Mi	ll Creek		
Description	Line S from S side of building to Vista Av								
Sewer Route	W on Vista in 27 pipe to 39th St, then N is								
SAMPLE POIN	IT NO. 002 Ordinance		NPDI	ES Outf	all No.				
Description	MH on Vista, 15' S of sidewalk, 36' E of is	dand S of ma	in hosnit:	al huildi	nσ				
Description	mit on visia, 15 b of sidowalk, 50 b of it	nano D or ma	п поврта	ai vaiidi	···e				Effective
Discharge Com	ponents Process Description	A	g Flow	Unit	Ma	x Flow	Unit	RUD	Date
Sanitary			21,200	GPD			GPD	D	9/19/07
Storm Water			0	GPD			GPD	D	9/19/07
Hospital Waste	including x-ray waste		17,439	GPD			GPD	D	9/19/07
	Total Flow Avg =		38,639		Max =				
CONNECTION	and SAMPLE POINT INFORMATION	000000000000000000000000000000000000000	900000000000000000000000	pp000000000000000000000000000000000000	000000000000000000000000000000000000000	aceto a de constante de la con	PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	1000000000000000000000000000000000000	000000000000000000000000000000000000000
LATERAL NO.	Lateral Type	DSMH		eatmen	t Area	Bissell			
03	Sanitary Or Combined	20F3 35	0C	Trunk	Sewer	Old Mi	ll Creek		
Description	Line SE from S side of building at entranc-								
Sewer Route	W in 3'x4' pipe to 9' pipe, N to trunk to tre								
SAMPLE POIN	IT NO. 003 Ordinance		NPDI	ES Outf	all No.				
Description	MH 54' E of SW corner of West Pavilion b	ouilding							Effective
Discharge Com	ponents Process Description	Δ.	g Flow	Unit	Mo	x Flow	Unit	RUD	Date
	position 1700005 2 to 11 prior	••	_	GPD	.,,,,				
Hospital Waste Storm Water			,	GPD GPD			GPD	D	7/3/06
Storm water	Total Flow Avg =		4, 0 00	OrD	Max =		GPD	D	9/19/07
CONNECTION	and SAMPLE POINT INFORMATION	NECT CONTROL OF THE C	100000000000000000000000000000000000000	100100000000000000	100000000000000000000000000000000000000		100010000000000000000000000000000000000		000000000000000000000000000000000000000
LATERAL NO.	Lateral Type	DSMH	Tr	eatmen	t Area	Bissell	Point		
04	Sanitary Or Combined	20F3 36	2C	Trunk	Sewer	Old Mi	ll Creek		
Description	Line W from SW corner of parking garage								
Sewer Route	W in 3'x4' pipe to 9' pipe, N to trunk to tre								
SAMPLE POIN	IT NO. 004 Ordinance		NPDI	ES Outf	all No.				
Description	6" t-vent inside W Pavilion parking garage	10' N, 18' E	of SW co	rner					
-					2.0	TP1	¥1	Ap a 1se	Effective
Discharge Com	•	A	g Flow		Ma	x Flow	Unit	RUD	Date
Non Contact Coo	lir		612	GPD			GPD	D	7/3/06

 Report No. PIMS012A
 10/17/2007
 12:53:22 pm

 Data Date & Time:
 10/17/2007
 12:53:22 pm

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

4112195100 PRIMARY MSD ACCOUNT NO.

EXTRA STRENGTH SURCHARGE INFORMATION

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

0 GPD Storm Water GPD D 9/19/07 Total Flow Avg = 612 Max = CONNECTION and SAMPLE POINT INFORMATION LATERAL NO. DSMH Bissell Point Lateral Type Treatment Area Sanitary Or Combined 05 20F3 362C Trunk Sewer Old Mill Creek Description Manhole 93' S, 9' W of NW corner of W p. Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to tre SAMPLE POINT NO. 005 Ordinance NPDES Outfall No. MH 93 'S, 9' W of NW corner of W Pavilion building Description Effective Date **Discharge Components Process Description** Avg Flow Unit RUD Max Flow Unit 1,050 GPD GPD 9/19/07 Sanitary D Storm Water 0 GPD GPD D 9/19/07 Hospital Waste 1,450 GPD GPD D 9/19/07 Total Flow Avg = 2,500 Max = PRETREATMENT TYPES SP EFF DATE TYPE DESCRIPTION 06/06/2000 DC28 Grease Trap 001 06/06/2000 DC32 Metallic Replacement 001 06/06/2000 DC20 Electrolysis 06/06/2000 DC20 Electrolysis 06/06/2000 DC32 Metallic Replacement PRIORITY POLLUTANTS Pollutant Description Status Pollutant Description Pollutant Description Status **Status** Phenanthrene Asbestos (Fibrous) Mercury (Total) KP SP SP Phenol Methylene Chloride Chloroform SP ΚP ΚP

PIMS FACILITY CONTACTS ST LOUIS UNIVERSITY HOSPITAL

For Account Number

mber 4112195100 Located at 3635 & 36

3635 & 3655 Vista Ave.

St. Louis

MO 63110

Address Type

Contact Type	C	ontact Name	Contact Title	Phone	Number	Ext.
Billing Address Billing Contact	Skip	Bowders	Energy Center Supervisor	OFF	(314)577-8070	
Office Mailing Address	омр	Dowacis	Energy Center Supervisor	011	(311)377 0070	
Office Contact - Primary	Skip	Bowders	Energy Center Supervisor	OFF	(314)577-8070	
Office Contact 1st Alt	Pattie	Bassarich	Admin Assistant	OFF	(314)577-8070	
Premise Address						
Field Contact - Primary	Skip	Bowders	Energy Center Supervisor	OFF	(314)577-8070	
Field Contact 1st Alt	Pattie	Bassarich	Admin Assistant	OFF	(314)577-8070	

1

PIMS REPORT OF FIELD SAMPLING REQUIREMENTS ST LOUIS UNIVERSITY HOSPITAL

Account No Entered 4112195100

SPN	PR	EMISE ADDRESS	CITY	ST ZII)
	36:	35 & 3655 Vista Ave.	St. Lo	uis MO 63	110
001 Project Code: Pollutant Group	IM = Poll Code	IPD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2008
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2008
	T237000	pН	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2008
	T332000	Chloroform	Once/year	Grab	06/30/2008
	T371000	Methylene Chloride	Once/year	Grab	06/30/2008
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2008
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
LGRIV (Starts - 08/14/199	T999000	Total Toxic Organics	Once/year	Grab	06/30/2008
002 Project Code: Pollutant Group	IM = Poll Code	IPD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
T.	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	
	T234000	Oil and Grease (Total)	-	Grab Comp-11me U4 Hrs	06/30/2008
	T237000	pH	Once/year Once/year	Grab	06/30/2008
	T247000	Temperature	•		06/30/2008
	T256000	Total Suspended Solids	Once/year	Grab	06/30/2008
	T332000	Chloroform	Once/year	Comp-Time 04 Hrs	06/30/2008
	T371000		Once/year	Grab	06/30/2008
		Methylene Chloride	Once/year	Grab	06/30/2008
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2008
GRIV (Starts - 08/14/199	T393000 T999000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
SOIGT (OMIS VOITHITY)	1777000	Total Toxic Organics	Once/year	Grab	06/30/2008
003 Project Code:	IM=	IPD - Company - MSD			
Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2008
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2008
	T237000	pН	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2008
004 Project Code:	IM=	IPD - Company - MSD			
Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T213000	Biochemical Oxygen Demand (5 Day)	Once/year	Grab (Auth in lieu of compo	*
	T213000	Chemical Oxygen Demand	Once/year	Grab (Auth in lieu of compo	
	T237000	pH	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Grab (Auth in lieu of compo	site) 06/30/2008
005 Project Code: Pollutant Group	IM = Poll Code	IPD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
RECORDER DE COMPANION DE LA CO	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Grab (Auth in lieu of compo	
	T213000	Chemical Oxygen Demand	Once/year	Grab (Auth in lieu of compo	,
	T234000	Oil and Grease (Total)	Once/year	Grab (Addit in fled of compo	·
	T237000	pH	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Grab (Auth in lieu of compo	06/30/2008
Report No. PIMS067A	10/2/2007	8:09:55AM	Onco year	Grad (Audi III lieu di compo:	site) 06/30/2008
•	10/2/2007		of 2		

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No: 41121951-00

Premise No: 3635 Vista at Grand Boulevard, 63104

Reporting Period: □(JAN-MAR) □(APR-JUNE) ■(JULY-SEPT) □(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

A

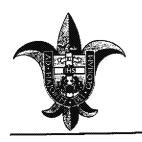
I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896 RECEIVED
Signature:	Date: 16/3/67 OCT 0-5 2007

DIVISION OF ENVIRONMENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

October 3, 2007

1402 South Grand Blvd.St. Louis, MO 63104-1085

Fax: 314-977-5560

Health Sciences Center Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - Sept. 2007

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

OCT 0 5 2007

DIVISION OF ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT



PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No: 41121951-00

Premise No: 3635 Vista at Grand Boulevard, 63104

Reporting Period: □(JAN-MAR) ■(APR-JUNE) □(JULY-SEPT) □(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
111111111111111111111111111111111111111	
TOTAL ACTIVITY DISCHARGED:	0.

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RECEIVED

Print/type name of signing official: Kevin Ferguson		, V L <i>U</i>
Title: Health Physicist	Telephone: 977-6896	AUG 0 1 2007
Signature: him If the	······	DIVISION OF ONMENTAL COMPLIANCE



- METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL

PERMIT-NUMBER 41121951-00

3635 VISTA AVE.

3635 VISTA AVE. ST. LOUIS, MO.	63110		
MONITORING PERIOD Samples collected by Me Samples analyzed by	tropolitan Manufactu	rers' Association (
PART II ANALYTICAL RESU	LTS OF SELF MONITORI	NG	ear-chann aboun-chann-chann-chann-chann account accoun
MSD SAMPLE POINT	# ,001/#		~ 003 <
SAMPLING DATES	04-23-07	04-23-07	04-23-07
FLOW (GPD) E/M	92,000 EST.	56,000 EST.	5,000 EST.
PARAMETER G/C LIMIT	ANALYTICAL	RESULTS	
TEMP C g 600C	26.7	27.8	23.3
PH g 5.5 TO 11	. 5 · · · 6.5	6.5	7.0
800 c	g/l 126 mg/l		504 mg/l
600 c 600 m	g/l 397 mg/l	566 mg/l	766 mg/l
TSS C - 350 m	g/l 117 mg/l	145 mg/l	68.3mg/l
OIL/GR -9 200 m	g/i 13.7mg/l	19.9 mg/l	90:6mg/l
and the second s	g/1 mg/1		mg/l
e digita da la salah kanggaran manggaran manggaran manggaran da la salah kanggaran da la salah kanggaran da sa	9/1 mg/1	······································	on or an area of the second se
war of the second secon	g/l mg/l	mg/1	mg/l-
Substitution (1) Commence and Commence and American Ameri	9/1	mg/l	
the complete for the contract of the contract	g/1	- 12	
as 0.5 m	g/i -0.0105mg/i	(0.007 mg/l	
21	g/1 mg/1	mg/l	mg/l
Ch T was a second of the	s/1	DEC -	1\/
cn-A g	9/1 mg/1-	mg/1	TVED mg/l
	g/i	_	1 2007 mg/1
· · · · · · · · · · · · · · · · · · ·	9/1	DIVISIO ENVIRONMENTAL	N OF COMPLIANCE *** 1
SAMP. TIME XXXX	-nan- qua-vian-mai-vitte-maraqquagan-may-may-may-tam-min-vitti-vitte-tita-tita-mas-min-min-	M 8:01A-11:01AM	A
nonwight aumo 194	DACF of	nddorfacor-local acost-local escul-local escul-local escul-local escul-local escul-local escul-local escul-local	er-dajum-umanır-manın-dilanir-kindir-Qillik-Qillik-Qillik-Millik-Villik-Villik-Qillik-Qillik-Villik-

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART I	I: SPECIAL CERTIFICATION STATEMENTS
pemit an	the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your name of the certifications in PART III apply to you. GO ON TO PART IV.
A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
	f your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required o make the following certification: I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment
	standards in 40 CFR
	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide It the Pharmaceutical sample point(s) subject to the following certification:
·	I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:
	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART IV	GENERAL CERTIFICATION STATEMENTS
nitial the t	ox for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
4. [Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
3	DISCHARGE MONITORING REPORT CERTIFICATION
designed to who manage and belief, and imprise	der penalty of Law that this document and all attachments were prepared under my direction or supervision is accordance with a system of assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge true, accurate, and complete. If am aware that there are significant penalties for submitting false information, including the possibility of fine personnent for knowing violations.
Print or typ	e name of signing official: PAUL V. BOWDE'Z ENGI CENTEZ SUPELVISEZ Telephone: 314,577-8850
rtle:€∠	ENGT CENTEZ SUPELVISEL Telephone: 314,577-8850

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL

PERMIT NUMBER 41121951-00

3635 VISTA AVE.

ST. LOUIS, MO.	63110		
MONITORING PERIOD JAN/M Samples collected byMetropo Samples analyzed by PAC		rs' Association 314	
PART II ANALYTICAL RESULTS O	F SELF MONITORING	- 4	
MSD SAMPLE POINT #	,004 /···· #		ng ape gya, ape-ana Jan. Jan-ana-atah pa
SAMPLING DATES		04-23-07	oon-toon-shor-shor-shor-lead-4844-4644lead-boo
FLOW (GPD) E/M	936 EST.	5,000 EST.	25 300 301 201 101 100 300 400 301 10
	ANALYTICAL R	ESULTS	<u> 20 m 20 00 20 m 10 10 10 10 10 10 10 10 10 10 10 10 10 </u>
TEMP C 9 6006.	18.3	21.1	die autor deut deut voor de de de de de de de
PH 9 5.5 TO 11.5	6.0	6.5	
800 c 300 mg/1	mg/1	131 mg/l	mg/1
COD C 600 mg/1	28.6 mg/l	403 mg/l	/1
TSS 350 mg/l	11 mg/l	162 mg/l	mg/l
Oit/GR g 200 mg/1			mg/l
mg/4		volter over mg/1 volter	
cr. c. c			mg/1
am titi ti t	mana - ma	or with a second out, assumbly a property of a property or only and one of	
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and the second section of the		en e	
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market and processed on the control of the second of the s	mg/ł	mg/i	mg/i
cn-T-gmg/i	······································	mg/1	IVED
	mg/1	mo/1 JUN !	1 2007 mg/1
770 g 5.52mg/1		DIVISIO EN ANONMENTAL	OMPLIANCE
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INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART I	III:	SPECIAL CERTIFICATION STATEMENTS
permit an	1d PLACE	cial conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.
A.	If your pe	ermit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
	如	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.		ermit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you red to make the following certification:
		I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your pe	ermit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there nast been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.		ermit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to following certification:
		I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.		mit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required the following certification:
	-	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F	Discharge	es subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations, and monitoring for Total Cyanide
•		armaceutical sample point(s) subject to the following certification:
		I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Compone	es Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic ents (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic ents sample point(s) subject to the following certification:
		Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastowaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART I	V:	GENERAL CERTIFICATION STATEMENTS
Initial the	box for si	tatement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A .	Discharge	es at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
В.	DISCHAF	RGE MONITORING REPORT CERTIFICATION
designed who mans and belief and impris	to assure age the sy f, true, acc sonment	thy of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons stem, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge curate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine for knowing violations.
Print or ty	/pe name	of signing official: MIRATE PAUL V. BOAIDERS EY CONTEN SUPERVISOR Telephone: 311-577 8035
Title: <u>El</u>	iens	EY CENTER SUPERVISOR Telephone: 311-577 8035

CHAF 10/07

METROPOLITAN ST. LOUIS SEVER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL Q \

PERMIT NUMBER

41121951-00

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PAGE 02/02

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FROM : Jon Becky

FAX NO. :6369373664

Jun, 25 2007 08:33AM 13

METROPOLITAN ST. LOUIS SEHER DISTRICT. INDUSTRIAL USER SELF MONITORING REPORT

PART ONE 41121951-00 PERMIT NUMBER ST. LOUIS UNIVERSITY HOSPITAL 3635 VISTA AVE. 63110 ST. LOUIS, MO. JUL/SEP APR/JUN X JAN/MAR MONITORING PERTOD Samples onliested by ... Metropolitan Hamufacturers' Association 814-96:-1606 Samples and Mand by ... PAGE ANALYTICAL SERVICES, INC. ANALYTICAL RESULTS OF SELF MONITORING 005 004 MISO SAMPLE POINT 02-27-07 02-27-07 SAMPLENE DATES 936 EST. 5,000 EST. FILON (OFO) E/M S/C ANALYTICAL .. RESULTS .. PARAMETER. LIMIT 1/1/17 15.6 TEMP C G 600C .. ANN) PH 5.5 10 11.5 6.0 BOD. 770 . C 300 mg/l mg/1mg/lmo/1COP. C 600 mg/1 mg/l 406 mg/lmg/1TSS ¢ 950 mg/l mg/l 112 mo/1mg/1· GIL/GR G 200 mg/1 141 mg/l ma/l mg/lod 145 mo/1mg/l mg/l mg/lCT $m_0/1$ ma/1ma/1mg/ICU 4: mg/1mg/lmg/lmg/1pb \sim ma/lmg/1mg/1mg/l 470 mg/lma/l mo/1mg/1**26**C mg/l mg/1mg/l . mg/l Zn' mg/1mg/l mg/1mo/I CTT-5 mg/1mg/l mg/l mg/lCn-A mp/1 -mg/l ma/1mg/1TTO 5.52 ma/1mg/l mg/l mg/1mg/l mg/l mg/1ma/1SAMP . TIME XXXXXXX 7:50AM-10:50AM COPYTIShtening 194 PAGE of

FROM : JonBecky

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ENVIRONMENTAL COMPLIANCE

DEPARTMENT MEMO

TQ:

St. Louis University Hospital File

ACCT#: 41121951-00

FROM: Jim Goodall

DATE: 6/6/07

RE: Late SMR

I contacted the hospital on 6/6/07. The violation notice sent on March 14, 2007 was sent to the wrong person and most likely thrown in the trash. The interim contact is Skip Bowders, Energy Center Supervisor. He will make contact with the contract sampler, obtain the 1st quarter results and submit the report. He will also attempt to locate the permit and other records for future use.

I revised the sampling map and made the contact change in the PIMS.

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

Fulsty

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No: Reporting Period:

3635 Vista at Grand Boulevard, 63104

(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	RECEIVED
Title: Health Physicist	Telephone: 977-6896 APR 2 3 2007
Signature:	Date: 4//9/07
	DIVISION OF FNVIRONMENTAL COMPLIANCE



Metropolitan St. Louis Sewer District

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 Phone: 314.768.6200 www.stlmsd.com

March 14, 2007

Bob Stewart Director of Security ST. LOUIS UNIVERSITY HOSPITAL 3665 Vista Ave. P.O. Box 152520 St. Louis, MO 63110-0250

> RE: NOTICE OF PERMIT VIOLATIONS

For premise at:

3635&3665 Vista Ave., 63110

MSD Permit #:

4112195100

Mr. Stewart:

Timothy Hill submitted a letter dated January 29, 2007 letter advising us of the results of recent monitoring of your wastewater discharge. In the letter he referred to the Oil/Grease violation shown below and also stated there was resampling done to show a return to compliance, but this data was not attached. I spoke to Pattie Bassarich on 03/12/07 who informed me that our two previous contacts, Tim Hill and Chris Paul, are no longer available to handle our inquiries. She is also to contact your consultant, Metropolitan Manufacturers Association, to see if they had taken any follow up samples. That letter accompanied the fourth quarter 2006 self-monitoring report required under the terms of the above referenced permit. The following violations of permit limitations were identified in your letter and report:

VIOLATIONS OF DISCHARGE LIMITATIONS:

		Sample	Sample		Permit		
Date	<u>Time</u>	Point	Type	<u>Parameter</u>	<u>Limitation</u>	Limit Type	Value Found
10/20/06	1030	002	Grab	Oil/Grease (T)	200 mg/L	IN	340 mg/L **

(T) = Total substance

mg/L = milligrams per liter

IN = Instantaneous

See enclosure for explanation of asterisks which appear in the Value Found column.

REQUIRED ACTION/RESPONSE:

Submit a report of additional corrective actions, if needed, to ensure compliance with MSD Ordinance limitations for Oil/Grease (T). The report should include plans for additional sampling to verify a return to compliance. The results of any such sampling must be provided to the District. For the above violations, compliance may be demonstrated through appropriate samples collected within your normal collection period.

Refer to the enclosure for information on potential enforcement actions should noncompliance continue. The enclosure also explains the meaning of any asterisks which appear in the Value Found column above. You should consider the percentages applicable to Significant Noncompliance when planning for additional sampling.

Please submit your response on the above items by April 9, 2007. If you have any questions, please contact me at 314.436.8761.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Tom Boehm

Environmental Engineering Associate

Enclosures: SNC Attachment

PRIORITIES PERFORMANCE **SERVIC**

OFFICE OF ENVIRONMENTAL COMPLIANCE MEMORANDUM

мемо то:

St. Louis University Hospital

ACCT #:

4112195100

FROM:

Tom Boehan

DATE:

March 12, 2007

SUBJECT:

New Contacts

While trying to contact the primary and secondary contacts for clarification of their 4^{th} 1/4 SMR, I was informed that neither is currently employed by this entity.

I have changed PIMS and SP map to reflect the interim contacts while they search for replacements for the former contacts.

M:\memo\stlhosp contacts change w031207.doc

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL

3635 VISTA AVE

PERMIT NUMBER

41121951-09/N

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OIL/G	Rg	200 mg/l	alle aler red ann mer mer mer e	20.0mg/l	THE THIS SHE WAS BUY IN A	740	mg/l			2mg/l
TSS	C	350 mg/l		104 mg/l		2.02	mg/l	age manus manus region spages spages.	1 =	mg/l
COD	С	600 mg/l	ORNE BAAN WAAN AARE SKIN SARRE BAAN I	436 mg/l	*** *** *** *** *** *** *** *** *** **	1. 1. 1. 10. 2. 10.	mg/l	12	10	mg/l
BOD	c	300 mg/l		137 mg/l	*** *** *** *** *** *** ***		mg/l		24	mg/l
ьн	9	5.5 TO 11.5		2.2		.0	r samer samer samer vanne vanne samer va	and there were the control that	٥.0	teri while while wrote some vices
TEMP	C g	60@C.					T THE MAN WHEN WHEN WITH MALE IN		,	may tempo tempo tempo alama tempo
PARAMETER				ANALYTICA	====== L RESUL	-== == -TS				men danak danak danah masar danak
FLOW (•	E/M	2	2,000 COT	4	oc	EST.		,00	O EST.
SAMPLING	DATES		1	0-20-06	,	0 30-	.06	1	0-2	0 06
MSD SAMPL		*** *** *** *** *** *** *** *** *** *** *** ***				=== <i>=f</i> = J	#		=== 000	=====
PART II		d by Proceedings of the desired process of				INC		nasi waka waka wali wali wali wa		was seen they play the time
	ollect	ed byMetro			urers'	Assoc			CT/ 966-	
3035 V 57. LO	TISTA A UIJ. M		6311	0						6/4

PART III:	SPECIAL	CERTIFICATION	STATEMENTS
FARI III.	-35 5-310-55	VERTIENVALIVI	And the constraint to the

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at samplin point(s)
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. Thes points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	f certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Fotal Cyanide at the Pharmaceutical sample point(s) subject to the following certification: I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Dischanges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:
	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PAR	T IV: GENERAL CERTIFICATION STATEMENTS
Initial	the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A.	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report
₿.	DISCHARGE MONITORING REPORT CERTIFICATION
design who m and bi and in	ly under penalty of Law that this document and all attachments were prepared under my direction or supervision at accordance with a system set to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or person range the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge lifer thrue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fingly some of the person of the
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11.	
CHARGE STATE	是是一个大型的,我们就是一个大型的,我们就是一个大型的,我们就是一个大型的,我们就是一个大型的,我们就是一个大型的,我们就是一个大型的,我们就是一个大型的,我们

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY MOSPITAL 3635 VISTA AVE.

PERMIT NUMBER 41121951-00

ST. LOUIS, MO.	00	110		
MONITORING PERIOD Samples collected by Samples analyzed by	Metropolit	an Manufacture	rs' Association	
PART II ANALYTICAL F				
			Ø #	
SAMPLING DATES		10 20-06		
FLOW (GPD) E/M		936 EST.	5,000 EST.	77 VAN 140 MA
PARAMETER G/C LI		ANALYTICAL R		
TEMP C g 6	00C.	10.2	10.0	

FLOW (===== GPD)	======================================	736 EST.	5,000 EST.	Makin Makin Makin Makin Makin Makin Makin harin alaka Salak Salak Makin
PARAMETER	G/	======================================	ANALYTICAL RE	:========== :SULTS	
TEMP (g	60@C.	10.2	10.3	
PH	9	5.5 TO 11.5	0.0	6.0	
BOD	С	300 mg/l	mg/l	167 mg/l	mg/l
COD	c	600 mg/l	27.0mg/l	506 mg/l	mg/l
TSS	С	350 mg/l	01 mg/l	214 mg/l	mg/l
OIL/GF	₹g	200 mg/l	mg/l	41.4 mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l
cr	С	mg/l	mg/l	mg/l	mg/l
cu	С	mg/l	mg/l	mg/l	mg/l
pb	С	mg/l	mg/l	mg/l	mg/l
ni	С	mg/l	mg/l	mg/l	mg/l
ag	C	mg/l	mg/l	mg/l	mg/l
zn	С	mg/l	mg/l	mg/l	mg/l
cn-T	9	mg/l '	mg/l	mg/l	mg/1
cn-A	g	mg/l	mg/l	mg/l	mg/l
тто	9	5.52 mg/l	mg/l	0.045 mg/l	mg/l
		mg/l	mg/l	mg/REC	EIVED/1
SAMP.	TIME	××××××	8:10A-11:1 0AM	8:00AM-11:00AMEE	
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DIVISION OF ENVIRONMENTAL COMPLIANCE

PART III:	SPECIAL	CERTIFICATION	STATEMENTS
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Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY—If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

Α.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
	are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active
	connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
Ę.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required
	to make the following certification: I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
= .	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Yotal Cyanide
	at the Pharmaceutical sample point(s) subject to the following certification: I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
3.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification: Bused on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic
	organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastowaters has occurred since filing the test discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
nitial ti	he box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
4 .	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no
	In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report
3.	DISCHARGE MONITORING REPORT CERTIFICATION
lesigna vho ma and be	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system of to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons anage the system, or hope persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge lief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine prisonment for knowledge possibility.
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	SAF 1093





Phone: (913)599-5665 Fax: (913)599-1759

ANALYTICAL RESULTS

Project:

SLUH 001/002/003/005/004

Pace Project No.: 6014689

Sample: SLUH 001/4	Lab ID: 6014689001	Collected: 10/20/0	6 10:40	Received: 10	0/21/06 07:50	Matrix: Water	
Parameters	Results Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method: EPA	200.7 Preparation Me	ethod: El	PA 200.7			
Silver	ND ug/L	7.0	1	10/26/06 00:00	10/27/06 17:14	7440-22-4	
625 MSSV	Analytical Method: EPA	625 Preparation Meth	nod: EPA	A 625			
Phenol	ND ug/L	50.0	10	10/26/06 00:00	10/31/06 17:33	3 108-95-2	
Nitrobenzene-d5 (S)	81 %	50-110	10	10/26/06 00:00	10/31/06 17:3:	3 4165-60-0	D3
2-Fluorobiphenyl (\$)	90 %	41-118	10	10/26/06 00:00	10/31/06 17:33	3 321-60-8	
Terphenyl-d14 (S)	77 %	21-127	10	10/26/06 00:00	10/31/06 17:33	3 1718-51-0	
Phenol-d6 (S)	89 %	43-110	10	10/26/06 00:00	10/31/06 17:33	3 13127-88-3	
2-Fluorophenol (S)	78 %	39-110	10	10/26/06 00:00	10/31/06 17:33	367-12-4	
2,4,6-Tribromophenol (S)	73 %	44-122	10	10/26/06 00:00	10/31/06 17:33	3 118-79-6	
624 Volatile Organics LowLevel	Analytical Method: EPA 6	524 Low					
Chloroform (C)	ND ug/L	1.0	1		10/24/06 14:08	67-66-3	
Methylene chloride	ND ug/L	1.0	1		10/24/06 14:08		
4-Bromofluorobenzene (\$)	100 %	85-115	1		10/24/06 14:08	460-00-4	
Dibromofluoromethane (S)	102 %	86-115	1		10/24/06 14:08	1868-53-7	
Toluene-d8 (S)	103 %	84-111	1		10/24/06 14:08		
1,2-Dichloroethane-d4 (S)	104 %	80-113	1		10/24/06 14:08	17060-07-0	
Preservation pH	1.0		1		10/24/06 14:08	;	
160.2 Total Suspended Solids	Analytical Method: EPA 1	60.2					
Total Suspended Solids	134 mg/L	5.0	1		10/25/06 15:28	,	
HEM, Oil and Grease	Analytical Method: EPA 1	664A					
Oil and Grease	20.9 mg/L	5.0	1		10/30/06 08:14		
405.1 BOD, 5 day	Analytical Method: EPA 4	05.1 Preparation Me	thod: EF	PA 405.1			
BOD, 5 day	137 mg/L	2.0	1	10/21/06 07:56	10/26/06 08:52		
410.4 COD	Analytical Method: EPA 4	10.4					
Chemical Oxygen Demand	436 mg/L	50.0	1		10/25/06 11:00		

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DIVISION OF Page 4 of 16 **ENVIRONMENTAL COMPLIANCE**

Date: 11/01/2006 09:31 AM

REPORT OF LABORATORY ANALYSIS

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Pace Analytical www.pacelabs.com

Pace Analytical Services, Inc. 9608 Loiret Blvd. Lenexa, KS 66219

> Phone: (913)599-5665 Fax: (913)599-1759

ANALYTICAL RESULTS

Project:

SLUH 001/002/003/005/004

Pace Project No.: 6014689

Sample: SLUH 002/4	Lab ID: 6014689002	Collected: 10/20/0	6 10:30	Received: 10)/21/06 07:50	Matrix: Water	***************************************
Parameters	Results Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method: EPA 200	0.7 Preparation Me	thod: Ef	PA 200.7			
Silver	ND ug/L	7.0	1	10/26/06 00:00	10/27/06 17:18	8 7440-22-4	
625 MSSV	Analytical Method: EPA 625	Preparation Metho	od: EPA	625			
Phenol (58)	ND ug/L	250	10	10/26/06 00:00	10/31/06 17:59	5 108-95-2	
Nitrobenzene-d5 (S)	0 %	50-110	10	10/26/06 00:00	10/31/06 17:55	5 4165-60-0	1e,D3
2-Fluorobiphenyl (S)	0 %	41-118	10	10/26/06 00:00	10/31/06 17:55	5 321-60-8	1e
Terphenyl-d14 (S)	0 %	21-127	10	10/26/06 00:00			1e
Phenol-d6 (S)	0 %	43-110	10	10/26/06 00:00	10/31/06 17:55	5 13127-88-3	1e
2-Fluorophenol (S)	0 %	39-110	10	10/26/06 00:00	10/31/06 17:55	5 367-12-4	1e
2,4,6-Tribromophenol (S)	0 %	44-122	10	10/26/06 00:00	10/31/06 17:55	5 118-79-6	1e
624 Volatile Organics LowLevel	Analytical Method: EPA 624	Low					
Chloroform (VP)	1.8 ug/L	1.0	1		10/24/06 14:54	4 67-66-3	
Methylene chloride (\R)	ND ug/L	1.0	1		10/24/06 14:54	75-09-2	
4-Bromofluorobenzene (S)	94 %	85-115	1		10/24/06 14:54	460-00-4	
Dibromofluoromethane (S)	99 %	86-115	1		10/24/06 14:54	1 1868-53-7	
Toluene-d8 (S)	102 %	84-111	1		10/24/06 14:54	2037-26-5	
1,2-Dichloroethane-d4 (S)	103 %	80-113	1		10/24/06 14:54	1 17060-07-0	
Preservation pH	1.0		1		10/24/06 14:54	1	
160.2 Total Suspended Solids	Analytical Method: EPA 160	9.2					
Total Suspended Solids	628 mg/L	5.0	1		10/25/06 15:29)	
HEM, Oil and Grease	Analytical Method: EPA 166	i4A					
Oil and Grease	349 mg/L	5.0	1		10/30/06 08:14	ı	
405.1 BOD, 5 day	Analytical Method: EPA 405	i.1 Preparation Met	hod: EP	A 405.1			
BOD, 5 day	961 mg/L	2.0	1	10/21/06 07:52	10/26/06 08:47	,	₿1
410.4 COD	Analytical Method: EPA 410	1.4					
Chemical Oxygen Demand	2410 mg/L	200	1		10/25/06 11:00)	

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ANALYTICAL RESULTS

Project:

SLUH 001/002/003/005/004

Pace Project No.: 6014689

Sample: SLUH 003/4	Lab ID: 6014689003	Collected: 10/20/0	06 10:30	Received: 10	/21/06 07:50 N	Matrix: Water	
Parameters	Results Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qua
625 MSSV	Analytical Method: EPA 62	5 Preparation Meth	nod: EP	A 625			
Phenol 🔗	ND ug/L	500	10	10/26/06 00:00	10/31/06 18:18	108-95-2	
Nitrobenzene-d5 (S)	0 %	50-110	10		10/31/06 18:18		1e,D3
2-Fluorobiphenyl (S)	0 %	41-118	10		10/31/06 18:18		1e
Terphenyl-d14 (S)	0 %	21-127	10	10/26/06 00:00			1e
Phenol-d6 (S)	0 %	43-110	10	10/26/06 00:00			1e
2-Fluorophenol (S)	0 %	39-110	10		10/31/06 18:18		1e
2,4,6-Tribromophenol (S)	0 %	44-122	10		10/31/06 18:18		1e
624 Volatile Organics LowLevel	Analytical Method: EPA 62	4 Low					
Chloroform (13)	ND ug/L	1.0	1		10/24/06 15:17	67-66-3	
Methylene chloride((२)	ND ug/L	1.0	1		10/24/06 15:17		
4-Bromofluorobenz en e (S)	95 %	85-115	1		10/24/06 15:17	460-00-4	
Dibromofluoromethane (S)	103 %	86-115	1		10/24/06 15:17	1868-53-7	
Toluene-d8 (S)	103 %	84-111	1		10/24/06 15:17	2037-26-5	
1,2-Dichloroethane-d4 (S)	104 %	80-113	1		10/24/06 15:17	17060-07-0	
Preservation pH	1.0		1		10/24/06 15:17		
160.2 Total Suspended Solids	Analytical Method: EPA 160	0.2					
Total Suspended Solids	218 mg/L	5.0	1		10/25/06 15:29		
HEM, Oil and Grease	Analytical Method: EPA 166	64A					
Oil and Grease	61.2 mg/L	5.0	1		10/30/06 08:15		
05.1 BOD, 5 day	Analytical Method: EPA 405	5.1 Preparation Me	thod: Ef	PA 405.1			
BOD, 5 day	624 mg/L	2.0	1	10/21/06 07:53	10/26/06 08:49		
110.4 COD	Analytical Method: EPA 410).4					
Chemical Oxygen Demand	1210 mg/L	100	1		10/25/06 11:00		

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ANALYTICAL RESULTS

Project:

SLUH 001/002/003/005/004

Pace Project No.: 6014689

625 MSSV Analytical Method: EPA 625 Preparation Method: EPA 625 Phenol 3 45.0J ug/L 50.0 10 10/26/06 Nitrobenzare-d5 (S) 88 % 50-110 10 10/26/06	Dared Analyzed CAS No. Qual 16 00:00 10/31/06 18:41 108-95-2 16 00:00 10/31/06 18:41 4165-60-0 D3 16 00:00 10/31/06 18:41 321-60-8 16 00:00 10/31/06 18:41 1718-51-0
Phenol (3) 45.0J ug/L 50.0 10 10/26/06 Nitrobenzere-d5 (S) 88 % 50-110 10 10/26/06	6 00:00 10/31/06 18:41 4165-60-0 D3 6 00:00 10/31/06 18:41 321-60-8
Nitrobenzere-d5 (S) 88 % 50-110 10 10/26/06	6 00:00 10/31/06 18:41 4165-60-0 D3 6 00:00 10/31/06 18:41 321-60-8
	6 00:00 10/31/06 18:41 321-60-8
2-Fluorobiphenyl (S) 72 % 41-118 10 10/26/06	6 00:00 10/31/06 18:41 321-60-8
	6 00:00 10/31/06 18:41 1718-51-0
Terphenyl-d14 (S) 61 % 21-127 10 10/26/06	
Phenol-d6 (S) 100 % 43-110 10 10/26/06	6 00:00 10/31/06 18:41 13127-88-3
2-Fluorophenol (S) 72 % 39-110 10 10/26/06	6 00:00 10/31/06 18:41 367-12-4
2,4,6-Tribromophenol (S) 69 % 44-122 10 10/26/06	6 00:00 10/31/06 18:41 118-79-6
624 Volatile Organics LowLevel Analytical Method: EPA 624 Low	
Chloroform ND ug/L 1.0 1	10/24/06 15:40 67-66-3
Methylene chloride ND ug/L 1.0 1	10/24/06 15:40 75-09-2
4-Bromofluorobenzene (S) 96 % 85-115 1	10/24/06 15:40 460-00-4
Dibromofluoromethane (S) 102 % 86-115 1	10/24/06 15:40 1868-53-7
Toluene-d8 (S) 102 % 84-111 1	10/24/06 15:40 2037-26-5
1,2-Dichloroethane-d4 (S) 102 % 80-113 1	10/24/06 15:40 17060-07-0
Preservation pH 1.0 1	10/24/06 15:40
160.2 Total Suspended Solids Analytical Method: EPA 160.2	
Total Suspended Solids 214 mg/L 5.0 1	10/25/06 15:29
HEM, Oil and Grease Analytical Method: EPA 1664A	
Oil and Grease 41.4 mg/L 5.0 1	10/30/06 08:15
405.1 BOD, 5 day Analytical Method: EPA 405.1 Preparation Method: EPA 405.1	
BOD. 5 day 167 mg/L 2.0 1 10/21/06	6 07:59 10/26/06 08:53
410.4 COD Analytical Method: EPA 410.4	
Chemical Oxygen Demand 506 mg/L 100 1	10/25/06 11:00

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Saint Louis University Hospital

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Saint Louis University Hospital

3655 Vista Ave., Suite 100

St. Louis, MO 63110-2539

314.577.8000 phone

www.sluhospital.com

314.577.8003 fax

January 29, 2007

Fabian Grabski Assistant Engineer Metropolitan St. Louis Sewer District Office of Environmental Compliance 10 East Grand Ave. St. Louis, MO 63147

Dear Mr. Grabski,

Enclosed are Oct-Dec 2006 self reporting documents. The oil and grease readings were high for Saint Louis University Hospital. I have enclosed resample results which show the levels are below the threshold. Please contact me if you have any further questions.

Thank you.

Sincerely,

Timothy W. Hill 577 8076

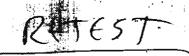
Building Services Director Saint Louis University Hospital

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FEB n 1 2007

DIVISION OF ENVIRONMENTAL COMPLIANCE

FAX NO. :6369373664





METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

ST. LOUIS UNIVERSITY HOSPITAL

PERMIT NUMBER

41:.21951-00

3635 VISTA AVE.

ONITORI Amples	collec	ted by Met	AN/MAR APR ropolitan Manufa PACE ANALYTICAL	cturere Acco	L/SEP ciation	X QCT/DEC 314-966-100
PRT II	ANAL	YTICAL RESULT	S OF SELF MONIT		~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1999 Agrant rapins rapids (1999) 4555 Agrant revent stresse distribe Albeits at
SD SAMP	ese kek		# 092/V1	ZXX _EX	======================================	00 2/ V3
AMPLING			12-28-06	494 100 100 for arm and 400 100 100 100 100 100 100 100 1	- 	12-28-06
FLOW ((GPD)	======================================	======================================	**=***=***=: ST. 56.000	CEST.	56,000E
PRAMETE		/C LIMIT		======================================		
TEMP	C g	60@C.	is were noted about 4000, paper community shall highly design and, attach datas.	new species spills spills spine mean duch delth stells, geges zoon, etitles at	DIS 1000 JOHN DOD WARP PARTY TODAY	to which many stight fifthe value rather water stand lader book scools and
PH	\$	5.5 TO 11.5	e titole titole aman maken skillel stillel som spinnskilling vegge stillel som sepap opper t	Sing Agric rams much offichs about game strate stade dalett, 2005, days, seven en	P~ "NO 900 900 100 ann ann ag	P 4927 ************************************
BOD	Ç	300 mg/	1 mg.	/1	mg/l	
COD	C	600 mg/	1 mg.	, j	mg/l	ms,
TSS	C	350 mg/	1 mg/		mg/l	
OIL/G	iR g	200 mg/	1 28 mg/	/1 69.8	mg/l	31 8 mg/
cd	C	mg/	1 mg/	die song desse Abrit John John Woor webs solds doll men	mg/l	mg/
Cr	C	mg/	l mg/		mg/l	mg/
Cü	Ċ	mg/	was now and any province with the squarest and the same an) 	mg/l	mg/
рb	¢	mg/	l mg/		mg/l	mg/
ni		mg/	l mg/	. The same same same same spice spice block soom same spice same	mg/l	ms/
89	¢	0.5 mg/	der 600, 840 spire spire outs 400, 400, pers spire	- The later and may appropriate that was appropriate the same	mg/l	ms/
Zn	C	mg/	l mg/	1000 1000 'ann ann ann ann ann ann ann ann ann an		that the total coor and that the late and more some coor
cn-T	\$	mg/	Mar. Albei, 4000, 4000 prins march 4000, 4000, pages outen stude 4000, 4000, green 10000.		maximaxil maximaxil	ms/
cn-A	9	mg/	00° 1809 sana sana saga 1909° 1909° Sana sana saya 1000 Sana Sayar sayar 1900°	AMA ANDER HOUSE AND AREA digity priors sends didital plants given receive width in		1-2007
TTO	S	5.52mg/	the days dips were white start arrest arrest which allows these water which direct starts.	Bi		IROMENTA)
www. \$400 Talk. White shiller regals again.		mg/	m. HAP WAY THE made know their time they amon their time the made sugger state		mg/l	MS/
SAMP.	TIME	XXXXXXX	SP 9000 tillul anna unleik sjöld hiller halde samme spipp toppe spilar skilar samm sejarr tillar	8:50 A		9:20 AM

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT



PART I: **IDENTIFYING INFORMATION**

Company Name: Saint Louis University Hospital

Permit No:

47121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS A.

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896 RECEIVED
Signature: July	Date: 1/22/07JAN 2 h 2007
	DIVISION OF

ENVIRONMENTAL COMPLIANCE



Metropolitan Saint Louis Sewer District 2350 Market Street Saint Louis, Missouri 63103-2555

ST LOUIS UNIVERSITY HOSPITAL 3635 Vista Ave., P.O. Box 15250 St. Louis, MO 63110

Attn: Tim Hill

Director of Building Services

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 4112195100

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2006.

Fee will be included in a separate bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2006 through September 30, 2007 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at 3635 & 3655 Vista Ave.

Base charge @ \$150.00 per permit Volume charge @\$0.72 per average daily Ccf Sample Point Charge @\$100.00 per sample point

200.97 Ccfs points \$150.00 \$144.70 \$500.00

Total Fee Dun:

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

THIS IS NOT A BILL DO NOT PAY NOW

FEE WILL BE INCLUDED IN A SEPARATE BILL

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

	ny: St. Louis University Hospital			Account #:	41121951-00				
	Premise Address: 3635 & 3655 Vista Ave. Zip Code: 63110-								
Last Inspection Date: 12/8/05									
MSD Classes: SIU X CIU Surcharge Potential Toxic Waste Non-Toxic Waste Noperation No Process Flow Multi-User IIU Special Handling/Billing Company Representative: Tim Hill									
	Title: Director of Building Services Phone#: 314-577-8072								
	ctor: J. Goodall				70. t.				
	Others Present: None								
Inspe	ction Date: 11/17/06 Time of	Inspection	: From C	9:00 AM To	10:15 AM				
NOTE:	ALL ITEMS ARE TO BE COMPLETED BASED OF INFORMATION PROVIDED BY COMPANY DURING	N EVENTS SI INSPECTION,	NCE LAST AS WELL	INSPECTION. ANS AS INFORMATION IN	WERS ARE BASED ON FILE.				
***	DATABASE ALSO UPDATED WITH APPROPRIA	ATE CHANGES	S - see	attached databa	se reports ***				
1.	A. ARE THERE ADDITIONAL ACCOUNT NUM. List them, note any changes:		-00 800	01526 01	Yes⊠ No□				
	B. WERE ALL ACCT NUMBERS VERIFIED A	S CORRECT (ACTIVE	ON BILLING SYS	TEM? Yes No				
2.]	PROCESS & CLEANUP/WASHDOWN:	Cont/	Water	Frequency					
joo		Batch	Used?	of discharge	Sample pt.				
	Hospital care/surgical operations	Cont	Yes	Daily	001,002				
j	Clinical & research labs	Cont	Yes	Daily	001,002				
-	In-patient psychiatric care &	Cont	Yes	Daily	001,002,003,				
_	cancer treatment				004,005				
L	·	(None)	N/A						
L	4,4,2	(None)	N/A	44.					
L		(None)	N/A						
	PRETREATMENT (other than grease traps) - (Sample pt.				
	Silver recovery (electrolytic & metal	llic replac	ement)	900mmmmggaaaaaaaaaaaaaaaaaaaaaaaaaaaqooqoooa 200000 koonee	001,002				
	-	7111							
	DOES COMPANY HAVE ANY GREASE TRAPS? A. List sample points: 001				Yes⊠ No□				
	B. What is the frequency for cleaning		ainina t	he tranc? ? +i	imes/year				
+	C. Are enzymes (not bacteria) used :	in traps?	·	ne craps: 2 cr	Yes No				
	D. If yes to C, was co. told to stop or	switch to a	approved	bacteria?	NA Yes No				
1	E. Was co. informed that MSD also perfo	rms separate	e grease	trap inspections	? Yes No				
5.	HAS COMPANY BEGUN DISCHARGING ANY NEW	W POLLUTANT	rs since	THE LAST INSP?	Yes□ No⊠				
	A. List pollutants & process:								
	B. Will MSD STP exceed existing NPDF	ES discharg	ge limit	(s)?	Yes No				
	C. Will MSD STP's discharge exceed ($0.1~{ m mg/l}~{ m fc}$	or any ne	ew pollutant?	Yes No				
	(MSD must notify MDNR if B or C i D. Comments:	s yes and	dischar	ge will continue	e.)				
6	ARE THERE ANY FEDERALLY REGULATED (40	ን ሮፑ <mark>ዩ</mark> ፈለፍ_4	יימים (171	D N TT O N C 2	17 a. [] []				
	A. If yes, list reg. & describe (inc	cluding anv	dischar	rae).	Yes□ No⊠				

7.	DOE A.	S CATEGORICAL At which poi	WASTEWATER	COMBINE W	ITH NON-CA	T. WW PRIO	R TO SAM	PLING?	Yes No	\boxtimes
		Current appl			· · · · · · · · · · · · · · · · · · ·		Ta it co	rrect?	Yes No	
		If no, wha				·	19 10 00	II-CCC:	ies[] No	Ш
		factor & exp								
8.		ANY WASTEWATE At which poi		O PRODUCTI	ON OR MASS	BASED STA	NDARDS?		Yes No	×
		Since calcul		ne current	limits.	nas the lo	na term	average	Yes No	\Box
		production r	ate or disc	harge volu	me changed	by 20% or	more?	avorage	103 100	اسا
	C.	If yes, expl	ain:	or-		-				
9.	ARE	ANY RADIOACT			?				Yes No	П
	Α.	Describe ope	rations & d	isposal:	Nuclear	medicine	isotopes	are held	d for dec	av
	ъ	Does company	harra MCD a.	. .	then se	wered or ha	uled of	f site fo		
	č.	Does company Date of Auth	orization:	4/2/99		osai to sev uual amt ap			Yes🏻 No	Ш
		Has company				dar ame ap	broved:	12 11101	Yes No	M
	E.	If yes, expl	ain:		47				Tes NO	
10.	DOE	S PROCESS or	DEE MYGRDOM	N WATER HO	. 400004 m	vanaarina			_ grown	
10.	A.	Explain how	ræm washbow. verified & r	N WALEK US. Needed char		xcessive? h volume u			Yes No	\bowtie
		.F = =		.ccaca ciiai		e of the f	acility	and requ	irements	t o
					mai	ntain sani	tary con	ditions.	TIEMOTICS	
11.	TING	COMPANY BYON							_	
11.	THE	COMPANY EXCE	EDED ORDINAI	NCE DISCHA	RGE LIMITS	SINCE			Yes No	\boxtimes
		If yes:	ION OR WITH.	IN INC LAS	Sample		oblem re			
		Pollutant	When		Points		o Descr			
		200001		499090713902264nnnnnnnnnnnnngaanaanaanaan		N/A			000000 000000000000000000000000000000	
	-					N/A			***************************************	
			ļ. <u>.</u>			N/A				
	}-	7784				N/A				
	ŀ	70	7-8-4			N/A				
	в.	Comments:	<u> </u>		-	N/A		·		
12.	HAS	COMPANY EXCE	EDED CATEGOR	RICAL PRETE	REATMENT L	IMITS SINCE	3	na⊠	Yes No	П
		LAST INSPECT:	ION OR WITHI	N THE LAST						
	Α.	If yes: Pollutant	When		Sample		oblem re			
	Г	FOIIdeant	WITEII		Points	Yes/N	o Descr	ibe	~7000000000000000000000000000000000000	*******************************
	<u> </u>					N/A				
	-					N/A N/A			,	
					W	N/A			H	
						N/A				\dashv
	L				2	N/A				
	В.	Comments:						***		
L3.	наиг	י דעיים מסייאי	MV DDODIEM							
LJ,	A.	THERE BEEN ! Upsets?	BVDASSES BVDASSES	of pretrea	SINCE LAS	ST INSPECTI	ON?		Yes No	X
		Spills?	Slug disc	charges?	Other?	· ricies:[]				
	в.	Explain any m	arked:							

14.		E ANY SOLVENTS USE	Di						Yes⊠	No
	Α.	If yes:						Priority	413/433	
		List solvents	Used fo	or?	Но	w disp	osed?	Pollutant?	Process	
		Petroleum	Parts v	washer		uled c	70000000000000000000000000000000000000	Yes No	Yes 1	
		naphtha						1000 HOM	I LESC I	NOM
			-	72		~~~~~		Yes No	 	-
										10 <u> </u>
			- -	50-1			-	Yes No		No[
						·····		Yes No	Yes 1	40
		730000		MAL.				Yes No	Yes 1	10 O
								Yes No	Yes N	10
15.	MA' A.	ULD SPILLS OR LEAKS TERIALS EASILY REAC If yes, what need If no, how are th	CH SANITA s to be	RY SEWERS done? olled? [OR STOR	M DRAI es are are ke	NS? in con	tainment and o	Yes ther state drains.	ored
				<u> </u>	vasces al	.e cor.	rected 1	or disposal.		
16.	ARI A. B.	What needs to be	done?						Yes 🗌 1	No⊠
	C.	Was "Illicit Stor (regardless of wh	mwater Di ether the	ischarges' ere are ar	brochu:	re giv em are	en to co as)?	ompany	Yes🏻 1	No
17.	DOE	S COMPANY HAVE ANY	SPILL S	LUG OR SO	מוא ידואידונג	NIA CEME	אויים די אויים	C/OMP\ n	57	
	А.	If yes:	,	SMP?	Last		Copy in F		Yes 🛛 1	ио[]
		Title		413/433						
		20000000000000000000000000000000000000	7 0	200) 20 mm	Updat	TANANTANANA TANANTANANA	(SMP on	ly) Explain i	if yes	-
		Hazardous Chemica Plan	ı spili	N/A	1/1/9	8	Yes	No		
		Transition of the state of the		N/A			N/A	N/A		
				N/A			N/A	N/A		
	В.	Are any Plans nee (write company an	ded in ad d request	ldition to	those]	isted	in Part	A?	Yes 1	No 🛛
18.	HAZ A.	ARDOUS WASTES: Was the company inform	ned/reminde	d that solid	d & hagard	ma waat	·		,g	
	•••	(RCRA) exist and may p	otentially	apply to in	ndustrial	Jus wasi Isers?	.e managen	ent regulations	Yes🏻 N	Io[_
	В.	Is there any discharge	to the se	wers of haz	ardous was	te which	hae not	heen proviously	Voa 🗀 💉	- NZI
	c.	If yes to B, list haz	: 40 CFR 40: wastes:	3.12(p))?				•	Yes N	IOM
	D.	Was the company provide form for the above reg	led with a pulations ("Public Noti	ice/Haz. Wa of whether	aste Dis there a	charge No	tification"	Yes⊠ N	Io[]
	E.	Comments:	-				4	g-2, ,		
19.	ARE	EMERGENCY NOTIFIC	ATION PRO	CEDURES P	POSTED?				Yes 🛛 N	r []
	Α.	Are MSD contacts	listed?							
	В.	If no to either, o	describe	how handl	ed:				Yes⊠ N	
20.	TC									
	A. B. C.	COMPANY REQUIRED TO If yes, requirement If other document, How frequently is	t is con date & sampling	tained in descripti required	permit on: <u>Qua</u>	X	or oth	er document [Yes⊠ N].	10
	D. E.	How frequently are	reports	required	? Qua	rterly	<u>Z</u>			
	E.	If no, explain:	on-time,	complete	& signe	gned by proper person?			Yes⊠ N	° 🗌

21.	A. Is the self-monitoring required by MSD? B. Are representative grab/comp samples collected? C. Does sample collection time period match company's production							
	shifts (is it representative)? D. Are EPA-approved 40 CFR 136 wastewater test methods used? E. If no to B, C or D, explain needed changes:							
22.	A. I B. Ho	f yes, ow does olding t	company insu imes & analyt	y having t re proper pr ical method:	the samples anal reservation,	- -		№ Д
	C. Has company submitted results of all split sample analyses since the last insp? D. Have results been submitted within 28 days of the calendar quarter of collection? E. If no to C or D, explain:							
	F. Do		mpany stil		split samples?		Yes	No[
23.	TO SU	BMIT C f yes,	OMPLIANCE type and o	SCHEDULE F date:	REPORTS?	NT ORDERS OR REQUIREMENTS	S Yes	No 🔀
	B. Ha	ave th	e reports explain:	& actions	been on-time &	complete?	Yes_	No
24.	. IS COMPANY SUBJECT TO NESHAP REGS? A. If yes, is company violating NESHAP regs? (ask company) B. If yes to A, describe:							ио⊠ ПоП
	C. If	yes	to A,was MI	ONR Air Po	llution Control	informed? (must be done)	Yes[No
25.	A. Ir	dicate	e correct o	classifica			Yes	
	No	TU [] Proce	CIU [] ess Flow [changes:	Surcharge Multi	e	Toxic Waste Non-Tox Special Handling/Bi	ic Waste lling [
26.	SAMPLI	E POIN	TS				DJ	(y/n)
	SP #	001	Fed.Reg.	N/A	Components:	Sanitary + hospital v NCCW + boiler blowdown + kitchen waste	vaste +	No
	SP #	002	Fed.Reg.	N/A	Components:	Sanitary + hospital was	te + x-	No
	SP #	003	Fed.Reg.	N/A	Components:	Sanitary + hospital waste	<u> </u>	No
	SP#	004	Fed.Reg.	N/A	Components:	NCCW		Yes
	SP #	005	Fed.Reg.	N/A	Components:	Sanitary + hospital waste	2	No
27.	ANY U	NSAMPI	ED DISCHAR	GES? (list	t each lateral s	eparately)	Yes□	№Д
	Dummy Dummy	SP #	Com	ponents:	H /		100	NOD
28.	A. I	f any	SPs cannot	be locate	AND INSPECTED? ed or opened, ex to be changed, e	plain:	Yes⊠	No[]
	D. I	as ANY f yes	grease or to C, list	other pro	oblem/debris obs scribe:	erved in any SP?	Yes	NoX
	E. I	f yes	to C, was	company di	rected to take	corrective actions?	Vec	No
						outlocate actions:	160	

REVIEW THE SAMPLE POINT MAP! 29.

Last map revision date: 1/3/05

A. Is the map correct and accurate in <u>all</u> its details?

Yes No

If no, what changes are needed? Alternate contact, addition of DJ point to active sample points.

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE. Most of radiology has converted to digital processing, but some of the liquid processing will remain.

Hospital operations at 3635 Vista consist of:

- 1st floor Rehabilitation & food service 2nd floor Radiology & emergency 3rd floor Surgery

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

Report No. PIMS012A

Data Date & Time:

11/30/2006

11/30/2006

1:29:21 pm

1:29:21 pm

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO

4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

INDUSTRIAL USER CLASSIFICATIONS WUNNENBERG INFO. SIU CRITERIA 03/06/1997 SIU Base Map 20F1 POTM Reasonable potential for adverse affect 03/06/1997 PTW Wun:St. Louis City & Co. Grid: H 21 Page 38 GENERAL INFORMATION INSPECTION INFORMATION PERMIT INFORMATION IUQ INFORMATION Office Mailing Address Issue Date: 01/01/2002 IUO Recvd Date: 07/09/2001 Next Due Expire Date: 12/31/2006 3635 Vista Ave. Reviewer: Fabian Grabski Insp Rsit St. Louis, MO. 63110-0250 Extended Date: 07/21/2002 IUO Recvd Date: 07/03/2006 11/17/2006 RIN James Goodall **Billing Address** Writer Fabian Grabsk Reviewer: 3635 Vista Ave Issue Date: 01/01/2002 St Louis, MO. 63110-0250 Expire Date: 12/31/2006 **Extended Date:** Writer Fabian Grabsk Issue Date: 01/01/2007 Expire Date: 12/31/2011 Extended Date: Writer Fabian Grabsk CONTACTS BILL Tim Hill Director of Building Services OFF (314) 577-8072 Ext. FLD1 Tim Hill Director of Building Services **OFF** (314) 577-8070 Ext. FLD2 Chris Paul Director of Safety & Industrial Hygie OFF (314) 577-8016 Ext. OFF1 Tim Hill Director of Building Services (314) 577-8070 Ext. OFF2 Chris Paul Director of Safety & Industrial Hygie OFF (314) 577-8016 Ext. ÓPERATIONAL INFORMATION OTHER AGENCIES INFORMATION 11/25/1996 MDNR - Hazardous Waste Program 01721 Work Days: S T w Т F S M 09/28/2005 MSD - Billing Account Number 00208066 07:00AM 1.884 8.0 Y Y Υ Υ Y Y Y 09/28/2005 MSD - Billing Account Number 00447331 2 616 03:00PM 8.0 Y Y Y Y Y Y Y 09/28/2005 MSD - Billing Account Number 00208067 615 11:00PM 8.0 Y γ Total Emp: 3,115 Hrs: 24.0 NON-SEWERED WASTE On-Site Storage N Off-Site Disposal On-Site Disposal N 07/03/2006 Infectious Waste 720000 LBS 07/03/2006 Kitchen/Food Service 3500 GAL RAW MATERIALS SIC INFORMATION MATERIAL_DESCRIPTION QUANTITY UNIT EFF DATE DESCRIPTION SIC 8062 General Medical & Surgical Hospitals 8063 Psychiatric Hospitals PRODUCTS EFF DESCRIPTION UNIT AVG_PROD MAX_PROD 05/07/2004 General hospital service

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO.

4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

SEWER ACCOUNTS WATER CONSUMPTION AND WASTEWATER DISCHARGE Sewer Accounts 10/01/2005 End Date = 11/30/2006 Wdavs Cdays 4112195100 Acct. No. Consumption Discharge 4112195001 4112195001 CCF's Gallons Gal/ Wdav Gal/ Cdav 9009153601 4112195001 08/06/2005 10/27/2005 161 161 A 83 83 83 4112195001 10/28/2005 01/20/2006 20 181 85 85 168 4112195001 01/21/2006 04/20/2006 40 221 90 90 258 RF 0.68 Acct. Total 221 165,319 258 258 436 436 4112195100 CCF's Gallons Gal/Wdav Gal/ Cday 4112195100 07/22/2005 10/27/2005 25,032 25,032 A 98 98 98 4112195100 10/28/2005 01/25/2006 11,861 36,893 90 90 188 4112195100 01/26/2006 04/27/2006 27,577 64,470 92 92 280 RF 0.68 Acct. Total 64,470 48,226,912 280 280 117,123 117,123 9009153601 CCF's Gallons Gal/Wday Gal/ Cday 9009153601 07/21/2005 10/18/2005 5,010 5,010 A 90 90 90 9009153601 10/19/2005 01/24/2006 2,560 7,570 98 98 188 9009153601 01/25/2006 04/18/2006 2,350 9,920 84 84 272 RF 1.00 Acct. Total 9,920 7,420,676 272 272 27,282 27,282 Facility Total 74,611

Report No. PIMS012A Data Date & Time: 11/30/2006

11/30/2006

1:29:21 pm

1:29:21 pm

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO.

4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

					***************************************	·	
-23 -252 15040 -150646454545252527010Y010	and SAMPLE POINT INFORMATION	-			***************************************		
LATERAL NO.			Treatment Area	Bissell	Point		
01	Sanitary Or Combined	20F3 350C	Trunk Sewe	r Old Mi	ll Creek		
Description	Multiple lines from W side of hospital and						
Sewer Route	W on Vista in 27 pipe to 39th St, then N ir						
SAMPLE POIN	T NO. 001 Ordinance	NP	DES Outfall No.				
Description	MH in driveway W of loading dock at SW	corner of main hos	pital building				Effective
Discharge Com	ponents Process Description	Avg Flor	w Unit	Max Flow	Unit	RUD	Date
Hospital Waste	including x-ray waste	92,00	00 GPD		GPD	D	7/3/06
Non Contact Coo	lir HVAC	10,00	00 GPD		GPD	D	7/3/06
Boiler Blowdown		26,00	00 GPD		GPD	D	7/3/06
	Total Flow Avg =	128,00	0 Max				
-pf56.fe6mcede:erempg915252525252528282828	and SAMPLE POINT INFORMATION		Noncommono de la companya de la comp			biolicoccoccoccoccocc	
LATERAL NO.	Lateral Type		Treatment Area	Bissell :			
02	Sanitary Or Combined	20F3 350C	Trunk Sewer	r Old Mil	ll Creek		
Description	Line S from S side of building to Vista Av						
Sewer Route	W on Vista in 27 pipe to 39th St, then N ir						
SAMPLE POIN	T NO. 002 Ordinance	NP	DES Outfall No.				
Description	MH on Vista, 15' S of sidewalk, 36' E of is	sland S of main host	oital building				
Discharge Com				M Fil	¥114	DID	Effective Data
-	•	Avg Flov		Max Flow	Unit	RUD	Date
Hospital Waste	including x-ray waste Total Flow Avg =	•	00 GPD		GPD	D	7/3/06
656565555555555555555555555555555555555		20,000) Max :		***************************************	000000000000000000000000000000000000000	
CONNECTION LATERAL NO.	and SAMPLE POINT INFORMATION Lateral Type	DSMH	Freatment Area	D: 111	D. 1.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
03	Sanitary Or Combined	20F3 350C	Trunk Sewei	Bissell I r Old Mil			
Description	Line SE from S side of building at entranc	2013 3300	TI UUR DEWEI	Old Mil	CICCK		
Sewer Route	W in 3'x4' pipe to 9' pipe, N to trunk to tre						
SAMPLE POIN	T NO. 003 Ordinance	NP	DES Outfall No.				
Description	MH 54' E of SW comer of West Pavilion b						
•		_	••	· #		_	Effective
Discharge Comp Hospital Waste	ponents Process Description	Avg Flow		Max Flow	Unit	RUD	Date
nospitai waste		•	00 GPD Max=	_	GPD	D	7/3/06
•	Total Flow Ave -	A Min					
7/00010/2020	Total Flow Avg =	4,000	/ I*18A -	-	***************************************	000000000000000000000000000000000000000	Nonconsciona (1000)
	and SAMPLE POINT INFORMATION		***************************************		- 1 - +	000000000000000000000000000000000000000	
CONNECTION LATERAL NO. 04			Freatment Area Trunk Sewer	Bissell F		000000000000000000000000000000000000000	
LATERAL NO.	and SAMPLE POINT INFORMATION Lateral Type	DSMH 7	Treatment Area	Bissell F			
LATERAL NO. 04	and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined	DSMH 7	Treatment Area	Bissell F			
LATERAL NO. 04 Description	Lateral Type Sanitary Or Combined Line W from SW corner of parking garage W in 3'x4' pipe to 9' pipe, N to trunk to tre	DSMH 3 20F3 362C	Treatment Area	Bissell F			
Description Sewer Route	Lateral Type Sanitary Or Combined Line W from SW corner of parking garage W in 3'x4' pipe to 9' pipe, N to trunk to tre	DSMH 3 20F3 362C	Freatment Area Trunk Sewer DES Outfall No.	Bissell F			
Description Sewer Route SAMPLE POINT	Lateral Type Sanitary Or Combined Line W from SW corner of parking garage W in 3'x4' pipe to 9' pipe, N to trunk to tre T NO. 004 Ordinance 6" t-vent inside W Pavilion parking garage	DSMH 3 20F3 362C NPI 10' N, 18' E of SW 6	Freatment Area Trunk Sewer DES Outfall No.	Bissell I Old Mil	l Creek	RUD	Effective Date
Description Sewer Route SAMPLE POIN Description	Lateral Type Sanitary Or Combined Line W from SW corner of parking garage W in 3'x4' pipe to 9' pipe, N to trunk to tre TNO. 004 Ordinance 6" t-vent inside W Pavilion parking garage	DSMH 3 20F3 362C NPI 10' N, 18' E of SW Avg Flow	Treatment Area Trunk Sewer DES Outfall No. corner	Bissell F	l Creek Unit	RUD	Date
Description Sewer Route SAMPLE POIN Description Discharge Comp	Lateral Type Sanitary Or Combined Line W from SW corner of parking garage W in 3'x4' pipe to 9' pipe, N to trunk to tre TNO. 004 Ordinance 6" t-vent inside W Pavilion parking garage	DSMH 3 20F3 362C NPI 10' N, 18' E of SW Avg Flow	Treatment Area Trunk Sewer DES Outfall No. corner Unit GPD	Bissell F Old Mil	l Creek	RUD D	

Report No. PIMS012A
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11/30/2006

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11/30/2006

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METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO.

4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO. 05

Lateral Type

DSMH

Treatment Area

Bissell Point

Sanitary Or Combined

20F3 362C

Trunk Sewer

Old Mill Creek

Description

Manhole 93' S, 9' W of NW corner of W p

Sewer Route

W in 3'x4' pipe to 9' pipe, N to trunk to tre

Description

SAMPLE POINT NO. 005 Ordinance

NPDES Outfall No.

MH 93 'S, 9' W of NW corner of W Pavilion building

Effective

Discharge Components

Process Description

Avg Flow Unit 2,500 GPD

2,500

Unit

RUD

D

Date

Hospital Waste

GPD

Max =

7/3/06

Total Flow Avg =

Max Flow

PRETREATMENT TYPES

SP EFF DATE TYPE DESCRIPTION

001 06/06/2000 DC28

Grease Trap Metallic Replacement

001 06/06/2000 DC32 001 06/06/2000 DC20

Electrolysis Electrolysis

002 06/06/2000 DC20

Metallic Replacement 06/06/2000 DC32

PRIORITY POLLUTANTS

Pollutant Description Phenanthrene

Status KP

Pollutant Description Asbestos (Fibrous)

Status SP

Pollutant Description Mercury (Total)

Status SP

Phenol

SP

Methylene Chloride

KP

Chloroform

KP

EXTRA STRENGTH SURCHARGE INFORMATION

Report No. PIMS012A

11/30/2006

1:29:21 pm

Data Date & Time:

11/30/2006

1:29:21 pm

PIMS FACILITY CONTACTS
4112195100 ST LOUIS UNIVERSITY HOSPITAL

Located at

3635 & 3655 Vista Ave.

St. Louis MO 63110

Address Type

For Account Number

Contact Type	C	Contact Name	Contact Title	Phone	Number	Ext.
Billing Address	R000R00R009R009R00R00					******************************
Billing Contact	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Office Mailing Address			2		(0.1.)2 007.	
Office Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8070	
Office Contact 1st Alt	Chris	Paul	Director of Safety & Industrial Hygie		(314)577-8016	
Premise Address			,		(011)077 0010	
Field Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8070	
Field Contact 1st Alt	Chris	Paul	Director of Safety & Industrial Hygie	OFF	(314)577-8016	
			•			

Report No. PIMS061a Data Date & Time 11/30/2006 11/30/200 1:30:10PM 1:30:10PM

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Modification Date: Modification Time: 11/30/2006 1:30:09PM

PIMS REPORT OF FIELD SAMPLING REQUIREMENTS ST LOUIS UNIVERSITY HOSPITAL

Account No Entered 4112195100

SPN	PRE	MISE ADDRESS	CITY	ST	ZIP
***************************************	3635 & 3655 Vista Ave.		St. Lo	uis MO	63110
001 Project Code: Pollutant Group	le: IM = IPD - Company - MSD Poll Code Pollutant Description		Frequency	Sample Type	End Date
	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2007
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2007
	T237000	pН	Once/year	Grab	06/30/2007
	T247000	Temperature	Once/year	Grab	06/30/2007
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2007
	T332000	Chloroform	Once/year	Grab	06/30/2007
	T371000	Methylene Chloride	Once/year	Grab	06/30/2007
	T388000	Phenot	Once/year	Comp-Time 04 Hrs	06/30/2007
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
LGRIV (Starts - 08/14/199	T999000	Total Toxic Organics	Once/year	Grab	06/30/2007
002 Project Code: Pollutant Group	: IM= IPD - Company - MSD Poll Code Pollutant Description		Frequency	Sample Type	End Date
***************************************	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2007
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2007
	T237000	pН	Once/year	Grab	06/30/2007
	T247000	Temperature	Once/year	Grab	06/30/2007
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2007
	T332000	Chloroform	Once/year	Grab	06/30/2007
	T371000	Methylene Chloride	Once/year	Grab	06/30/2007
	******	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2007
	T388000	i ilenoi			00/30/2007
	T393000	Silver (Total)		-	
003 Project Code:	T393000 T999000	Silver (Total) Total Toxic Organics	Once/year Once/year	Comp-Time 04 Hrs Grab	06/30/2007 06/30/2007
·	T393000 T999000 IM = I Poll Code	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description	Once/year Once/year Frequency	Comp-Time 04 Hrs Grab Sample Type	06/30/2007 06/30/2007 End Date
03 Project Code:	T393000 T999000 IM = I Poll Code	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day)	Once/year Once/year Frequency Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs	06/30/2007 06/30/2007 End Date 06/30/2007
03 Project Code:	T393000 T999000 IM = I Polt Code T208000 T213000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand	Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2007 06/30/2007 End Date
003 Project Code:	T393000 T999000 IM = I Polt Code T208000 T213000 T234000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total)	Once/year Once/year Frequency Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab	06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007
003 Project Code:	T393000 T999000 IM = I Polt Code T208000 T213000 T234000 T237000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab	06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007
003 Project Code:	T393000 T999000 IM = I Polt Code 1208000 T213000 T234000 T237000 T247000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab	06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007
003 Project Code:	T393000 T999000 IM = I Polt Code T208000 T213000 T234000 T237000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab	06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007
03 Project Code: Pollutant Group	T393000 T999000 IM = I Polt Code T208000 T213000 T234000 T237000 T247000 T256000 IM = I Poll Code	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Sample Type	06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007
Project Code: Pollutant Group Of Project Code:	T393000 T999000 IM = I Poll Code T208000 T213000 T234000 T237000 T247000 T256000 IM = I Poll Code	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day)	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 End Date 06/30/2007
Project Code: Pollutant Group Of Project Code:	T393000 T999000 IM = I Poll Code T208000 T213000 T234000 T237000 T247000 T256000 IM = I Poll Code T208000 T213000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand (5 Day)	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 End Date
Project Code: Pollutant Group Of Project Code:	T393000 T999000 IM = I Polt Code T208000 T213000 T234000 T237000 T247000 T256000 IM = I Poll Code T208000 T213000 T237000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH	Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Grab	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 End Date 06/30/2007
03 Project Code: Pollutant Group 04 Project Code: Pollutant Group	T393000 T999000 IM = I Poll Code 1208000 T213000 T237000 T247000 T256000 IM = I Poll Code 1208000 T213000 T237000 T237000 T247000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature	Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 End Date 06/30/2007
003 Project Code: Pollutant Group 04 Project Code: Pollutant Group	T393000 T999000 IM = I Polt Code T208000 T213000 T234000 T237000 T247000 T256000 IM = I Poll Code T208000 T213000 T237000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH	Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Grab	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007
Project Code: Pollutant Group O4 Project Code: Pollutant Group O5 Project Code:	T393000 T999000 IM = I Polt Code T208000 T213000 T237000 T247000 T256000 IM = I Poll Code T208000 T213000 T213000 T237000 T237000 T247000 T256000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature	Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007
Project Code: Pollutant Group O4 Project Code: Pollutant Group O5 Project Code:	T393000 T999000 IM = I Polt Code 1208000 T213000 T237000 T247000 T256000 IM = I Polt Code 1208000 T213000 T237000 T247000 T256000 IM = II	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description	Frequency Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs	06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007
Pollutant Group Pollutant Group Pollutant Group Pollutant Group Pollutant Group	T393000 T999000 IM = I Polt Code 1208000 T213000 T234000 T237000 T247000 T256000 IM = I Polt Code 1208000 T213000 T237000 T247000 T256000 IM = II Polt Code	PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007
Pollutant Group O4 Project Code: Pollutant Group O5 Project Code: Pollutant Group	T393000 T999000 IM = I Polt Code 1208000 T213000 T234000 T237000 T247000 T256000 IM = I Polt Code 1208000 T237000 T247000 T256000 IM = II Polt Code T208000	PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand pH Temperature Total Suspended Solids	Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007
Pollutant Group Pollutant Group Pollutant Group O5 Project Code: Pollutant Group	T393000 T999000 IM = I Polt Code 1208000 T213000 T234000 T237000 T247000 T256000 IM = I Poll Code 1208000 T237000 T247000 T256000 IM = II Poll Code 1208000 T213000 T256000	PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day)	Frequency Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007
Pollutant Group O4 Project Code: Pollutant Group O5 Project Code: Pollutant Group	T393000 T999000 IM = I Polt Code T208000 T213000 T234000 T237000 T247000 T256000 IM = I Poll Code T208000 T213000 T247000 T256000 IM = II Poll Code T208000 T213000 T256000 T213000 T256000 T213000 T256000 T213000 T234000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand pH Temperature Total Suspended Solids	Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007
Pollutant Group O4 Project Code: Pollutant Group O5 Project Code: Pollutant Group	T393000 T999000 IM = I Polt Code T208000 T213000 T234000 T237000 T247000 T256000 IM = I Polt Code T208000 T213000 T237000 T247000 T256000 IM = II Polt Code T208000 T213000 T237000 T256000 T237000 T256000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand pH Temperature Total Suspended Solids	Frequency Once/year	Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007
Pollutant Group O4 Project Code: Pollutant Group O5 Project Code: Pollutant Group	T393000 T999000 IM = I Polt Code T208000 T213000 T234000 T237000 T247000 T256000 IM = I Polt Code T208000 T213000 T237000 T247000 T256000 IM = II Polt Code T208000 T213000 T237000 T247000 T256000 T213000 T237000 T237000 T237000 T237000 T237000 T237000 T247000	Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH Temperature Total Suspended Solids PD - Company - MSD Pollutant Description Biochemical Oxygen Demand pH Temperature Total Suspended Solids	Frequency Once/year	Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2007 End Date 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007 06/30/2007

PIMS REPORT OF FIELD SAMPLING REQUIREMENTS ST LOUIS UNIVERSITY HOSPITAL

Account No Entered 4112195100

SPN

PREMISE ADDRESS

CITY

ST

ZIP

Report No. PIMS067A	11/30/2006	1:30:52PM	TETELON PORTO CONTRACTO CO	
Data Date & Time	11/30/2006	1:30:52PM	2 of	2



METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL

PERMIT NUMBER 41121951-00

3635 VISTA AVE.

ST. LOU	IS, MO.		63110					
MONITORING Samples co Samples an	llected by		olitan Mar			iation 3	0CT/I	
PART II	ANALYTICAL	RESULTS	OF SELF MC	/		 /	· more mone mone mone angue anale anale a	7
MSD SAMPLE	POINT	*	001	/	002	#	003	
SAMPLING D	ATES	and teach come come copie 4000 4000 4000 5000	07-17	7-06	07-17-	06	07-1	7-06
FLOW (G	PD) E/M		92,00	O EST.	56,000		•	D EST.
PARAMETER	G/C	LIMIT	ANAL	YTICAL R		and the see the see the see the see	. 22 22 22 22 22 22 2	
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BOD	C	300 mg/l	47	mg/l	304	mg/l	438	mg/l
COD	С	600 mg/l	96 .	7mg/l	714	mg/l	712.8	3mg/l
TSS	С	350 mg/l	87	mg/l	160	mg/l	94	mg/l
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### INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

	INDUSTRIAL USER SELF MONITORING REPORT PAGE 2
PART	
	in the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your nd PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS. WHICH ARE APPLICABLE TO YOUR FACILITY. If your unlains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV,
Α	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
	certification  Certification  Certification  Certification  Country  Certify since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)  Certification
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
	are required to make the following certification:  I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to
<b>-</b>	rnake the following certification:  I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	if your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required
ι.	to make the following certification:  I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Calegorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide
	at the Pharmaceutical sample point(s) subject to the rowwing certification.  I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrical & Electronic
	Components sample point(s) subject to the following certification:  Based on my inquiry of the person of persons directly responsible for managing compliance with the permit limitation for tetal toxic organics (TTO). I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the vastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial t	he box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification  In lieu of monitoring for TTO at sample point(s)
8.	DISCHARGE MONITORING REPORT CERTIFICATION
design who m and be	y under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system of the person of the person of person of the person of person of person of the person of person of person of person of the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge the system, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fire personment for knowledge violations.

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

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COD	Ċ	600 m	g/l	mg/l	236	mg/l	mg/l
TSS	c	350 m	g/l	mg/l	372	mg/l	mg/l
OIL/GF	₹ 9	200 m	g/l	mg/l	48.3	mg/l	mg/l
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## INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

	W-W
PART III:	
permit and permit conf	he special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS. WHICH ARE APPLICABLE TO YOUR FACILITY. If your tains no Special Conditions, then none of the certifications in PART. It apply to you. GO ON TO PART IV.
A II	f your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
1	retification:  I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8. #	f your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
!	re required to make the following certification:  I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
	f your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D. I	f your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to
!	nake the following certification:  I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E. 1	f your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required
ŧ	to make the following certification:  I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F. !	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide
;	at the Pharmaceutical sample point(s) subject to the following certification:  I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
	Dischanges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastawaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART IN	
Initial the	box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b> .	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification in lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, n toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report
<b>B</b> .	DISCHARGE MONITORING REPORT CERTIFICATION
designed who man and belief and impri	nder penalty of Law that this document and all attachments were prepared under my direction or supervision is accordance with a system to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or person age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, the system, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of finishment for knowling violations.
Print or t	JULIAN SERVES DIREON Telephone: 577-8070  Date: 1031-06
Title:/	Total Struces DIREON Telephone: >//-801
Cianatura	with after Date: 10.51-06

SMF 1090



### Metropolitan St. Louis Sewer District

Office of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

November 7, 2006

Tim Hill Director of Building Services ST. LOUIS UNIVERSITY HOSPITAL 3635 Vista Avenue P.O. Box 15250 St. Louis, MO 63110-0250

RE:

NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41121951-00

For premise at:

3635 & 3655 Vista Avenue

St. Louis, MO 63110

Dear Mr. Hill:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequency specified in the permit. The results are to be reported quarterly. Your report for third quarter was due by October 28, 2006.

### **VIOLATIONS OF PERMIT TERMS/CONDITIONS:**

The third quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the third quarter's reporting requirements.

The reporting requirements of your permit also includes completing a certain certification for each quarter. Even if sampling and analytical requirements can not be met, the report should still be submitted with the applicable certification completed. The violation will then be recorded as an incomplete report rather than "no report".

### REQUIRED ACTION/RESPONSE:

Submit the third quarter 2006 report, any available third quarter self-monitoring data, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your third quarter report and corrective action response by November 17, 2006.

If you have any questions, please contact me at 436-8756.

Sincerely METROPO

LOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza Industry file

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION	MATERIALS DISCHARGE REPORT
Company Name: Saint Louis University Hospital Permit No: 41121951-00 Premise No: 3635 Vista at Grand Boulevard, 63104	
Reporting Period: □(JAN-MAR) □(APR-J	UNE) ■(JULY-SEPT) □(OCT-DEC)
PART II: RECORD OF DISPOSAL OF RADIOACTIVE	MATERIALS TO THE SEWER SYSTEM
RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0
PART III: CERTIFICATION STATEMENTS	
Place your initials in the box under item A.	
Everyone must complete the information under items A & E	and sign this report.
A. CERTIFICATION OF COMPLIANCE WITH STATE	AND FEDERAL REGULATIONS
I certify that to the best of my knowledge & belief, all require governing disposal by release into sanitary sewage for mater Missouri Department of Health, respectively, have been met	ial regulated by the Nuclear Regulatory Commission and the
B. RADIOACTIVE MATERIALS DISCHARGE REPORT	
I certify under penalty of law that this document and all attachments was system designed to assure that qualified personnel properly gather as person or persons who manage the system, or those persons directly reis, to the best of my knowledge and belief, true, accurate, and complet false information, including the possibility of fine and imprisonment for	d evaluate the information submitted. Based on my inquiry of the sponsible for gathering the information, the information submitted and aware that there are significant benefits for submitter D
Print/type name of signing official: Kevin Ferguson	OCT 16 2006
Title: Health Physicist	Telephone: 977-6896 DIVISION OF
Signature: Jui 4	Date: 10/12 ENVIRONMENTAL COMPLIANCE

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT



PART ONE

ST. LOUIS UNIVERSITY HOSPITAL

PERMIT NUMBER 41121951 00

3635 VISTA AVE.

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COD	С		600	mg/l	37	5 mg/l	***************************************	840	mg/l	565	mg/1
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DIVISION OF **ENVIRONMENTAL COMPLIANCE** 

#### INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III:	SPECIAL CERTIFICATION STATEMENTS
· ·	ial conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your
permit contains no	Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at an	y sample point(s) specified in your permit, y	you are required to make the following
	certification: I certify, since the last discharge monitoring repoint(s) 004	port, there has been no change in the charact	er of the wastes discharged at sampling
В.	If your permit special conditions waive monitoring at act are required to make the following certification:	tive connection points which are not specifie	d as sample points in your permit, you
	I certify, since the last discharge monitoring rep connection points which are not specified in r	·	ter of wastes discharged at those active
C.	If your permit special conditions waive monitoring at ina  I certify, since the permit issue date, there na points remain inactive and no discharge occur	is been no change in the status of connection	on points identified as inactive. These
D.	If your permit special conditions authorize grab sample inake the following certification:	collection in lieu of composite sampling at a	ny sample point(s), you are required to
	I certify the grab sample results in this report	accurately represent our average daily disc	harge at sample point(s)
E.	If your permit special conditions prohibit discharge of was to make the following certification:	tes which are subject to certain categorical pr	etreatment standards, you are required
	I certify, since the last discharge monitoring standards in 40 CFR		ites which are subject to pretreatment
F.	Discharges subject to Pharmaceutical Categorical Stands		ations and monitoring for Fotal Cyanide
	at the Pharmaceutical sample point(s) subject to the following in the last discharge monitoring reprocess subject to Categorical Standards in 4	port, cyanide has not been used or generate	d in any pharmaceutical manufacturing
G	Discharges Subject to Categorical Standards for Elect Components (40 CFR 469) can be exempted from TTC Components sample point(s) subject to the following of Based on my inquiry of the person or persons organics (TTO), I certify that, to the best of wastewaters has occurred since filing the last organic management plan submitted to MSD.	O monitoring only at the Electroplating, Mo artification: directly responsible for managing compliance my knowledge and belief, no dumping of discharge monitoring report. I further certify t	tal Finishing or Electrical & Electronic with the permit limitation for total toxic concentrated toxic organics into the
PART I	V: GENERAL CERTIFICATION STATES	MENTS	
Initial the	box for statement A if it applies to you. Everyone must	st complete the information under statem	ent B and sign this report.
Α.	Discharges at sample points subject only to MSD Ordinar In lieu of monitoring for TTO at sample point(s toxic organics have been used at this premise of	s), I certify that to th	e best of my knowledge and belief, no
<b>B</b>	DISCHARGE MONITORING REPORT CERTIFICATION	N ·	
designed who man and belie and impr	inder penalty of Law that this document and all attachme to assure that qualified personnel property gather and e age the system, or those persons directly responsible for f, true, accurate, and complete. I am aware that there are isonment for knowing violations.	evaluate the information submitted. Based gathering the information, the information submitting false info	on my inquiry of the person or persons bmitted is, to the best of my knowledge rmation, including the possibility of fine
Print or t	ype name of signing official: Time THY W. H	446	
Title: 🔨	JILONG STRYCES DIRECTOR	Telephone: 2/	4-577-8072
Signature	ype name of algning official: Throthy w. H sicolof structs pincepor	Date: 7 - 2	8-06
		2	SMF 10/93

			AN ST. LOUIS SE USER SELF MONIT		
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PARAMETER		LIMIT	ANALYTICAL	RESULTS	<b></b>
TEMP	C g	60@C.	17.8	21.1	
PH	g 5	5.5 TO 11.5	6.0	6.0	
BOD	c	300 mg/l	mg/l	64.6 mg/l	mg/l
COD	¢	600 mg/l	566 mg/l	305 mg/l	mg/1
TSS	С	350 mg/l	26 mg/l	164 mg/l	mg/l
OIL/G	R g	200 mg/l	mg/l	24.1 mg/l	mg/l
cd	C	mg/l	mg/l	mg/l	mg/1
cr	C	mg/1	mg/l	mg/l	mg/l
cu	С	mg/l	mg/l	mg/l	mg/l
ьр	C	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	C	mg/l	mg/l	mg/l	mg/l
zn	c	mg/l	mg/1	mg/1	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/1
cn-A	g	mg/l	mg/l	mg/1	mg/l
тто	9	5.52mg/l	mg/l	mg/l	ECETVED
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### INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

SPECIAL CERTIFICATION STATEMENTS

PART III:

permit ar	nd PLACE	YOUR INITIALS IN	THE BOXES NEXT	TO THOSE CERTIFICAT	TIONS WHICH AR	E APPLICABLE T	lowing. Please review your O YOUR FACILITY. If your
permit co	ontains no	Special Conditions,	then none of the cer	rtifications in PART III a	pply to you. GO C	ON TO PART IV.	
Α.	If your pe	•	ns waive monitoring	at any sample point(s)	specified in your p	ermit, you are req	uired to make the following
	4		st discharge monitori	ng report, there has bee	n no change in the o	character of the wa	stes discharged at sampling
В.		ermit special condition		at active connection po	ints which are not s	specified as sampl	e points in your permit, you
			st discharge monitori hich are not specifie		n no change in the	character of waste	s discharged at those active
C.	If your pe	I certify, since the p	ermit issue date, the	at inactive connection pere has been no change cocurred during the pe	in the status of co	onnection points ic	following certification: lentified as inactive. These
D.		following certification	n:				point(s), you are required to
		I certify the grab sa	mple results in this r 	eport accurately repres	ent our average da	illy discharge at sa	ample point(s)
E.	_	rmit special condition		of wastes which are subj	ect to certain catego	orical pretreatment	standards, you are required
		I certify, since the	ast discharge monito		been no discharge	of wastes which	are subject to pretreatment
F.	Discharge at the Ph	armaceutical sample	point(s) subject to	the following certification	1:		monitoring for Total Cyanide
			st discharge monitor Categorical Standard		not been used or ge	enerated in any ph	armaceutical manufacturing
G.	Compone	ents (40 CFR 469) ( ents sample point(s) Based on my inquir organics (TTO), I	an be exempted fro subject to the follow of the person or per certify that, to the b	m TTO monitoring only ing certification: sons directly responsible est of my knowledge is	at the Electroplation of the formanaging content	ng, Motal Finishin npliance with the poping of concentra	or Electrical & Electronic g or Electrical & Electronic ermit limitation for total toxic ted toxic organics into the lity is implementing the toxic
			nt plan submitted to		ing report. Fieldier	oorany anat and name	
PART	IV:	GENERAL CER	TIFICATION STA	ATEMENTS			
Initial the	box for a	tatement A if it appli	es to you. Everyon	must complete the k	nformation under	statement B and	sign this report.
Α.	Discharge	In lieu of monitoring	for TTO at sample	point(s)	, I certify th	eat to the best of n	to the following certification: ny knowledge and belief, no discharge monitoring report.
<b>B.</b>	DISCHA	RGE MONITORING	REPORT CERTIFIC	ATION			
designed who man and belie and impr	i to assure nage the sy of, true, acc risonment	that qualified person stern, or those person curate, and complete for knowing violation	nnel properly gather ons directly responsit . I am aware that the s.	and evaluate the infomole for gathering the info ere are significant penalt	nation submitted. I mation, the informa- iles for submitting fa	Based on my inquation submitted is, alse information, in	n accordance with a system iry of the person or persons to the best of my knowledge cluding the possibility of fine
TW	A	or signing omciality	DIRtema	( V ) 1 mm/m.	Talanhaan	3,4-577-2	7072
108:	1	The sold	00	31-7-44		7-18-06	
Signatur	8: <u>_</u> _	wing with		adapan bida kanan mahala kanan garapatan bida 1856-1856 adalah dalah dal	Uate:		SME 1003



# Metropolitan St. Louis Sewer

District

Office of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

June 1, 2006

Tim Hill
Director of Building Services
ST. LOUIS UNIVERSITY HOSPITAL
3635 Vista Avenue
P.O. Box 15250
St. Louis, MO 63110

RE:

INDUSTRIAL USER QUESTIONNAIRE

Discharge Permit No: 41121951-00

For premise at:

3635 & 3655 Vista Avenue

Dear Mr. Hill:

The Metropolitan St. Louis Sewer District Wastewater Discharge permit for the above premise expires on January 1, 2007. Under the terms of the permit, you are requested to apply for renewal at least 180 days prior to the expiration date.

Enclosed is an Industrial User Questionnaire along with detailed instructions to assist you in supplying the required information. This questionnaire serves as your permit application. We request that you return the white copy to the District by June 30, 2006.

After a review, of the completed questionnaire and our existing data, we will prepare a draft permit and send it to you for comment.

Thank you for your cooperation. If you have any question or any specific problem providing the requested information please contact me at 436-8756.

Sincerely,

METROROLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

Enclosures

pc: Suspense file

cc: Industry file

Douglas Mendoza



#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL 3635 VISTA AVE.

PERMIT NUMBER 41121951-00

	JIS, MO.	ي مين ميت سيد ميد عين ميت بيت بيت بيت بيت سد ميت سد م	3110		ANN ANN AND AND AND AND AND	
MONITORING Samples co Samples ar	ollected b			JUL/SEP s' Association 31 CES, INC.	OCT/D 4-966-1	
PART II	ANALYTICA	AL RESULTS OF	SELF MONITORING			
MSD SAMPLE	POINT	#	001√#	002 / #	003,	7
SAMPLING D	PATES		02-23-06	02-23-06	02-23	3.06
FLOW (	SPD) E/N	1	92,000 EST.	56,000 EST.	•	EST.
PARAMETER	G/C	LIMIT	ANALYTICAL RE			
TEMP (	g	60@C.	20.0	21.1	18.9	
PH	g 5.	5 TO 11.5	6.0	6.0	6.5	
BOD	C	300 mg/l	100 <b>mg/l</b>	102 <b>mg/l</b>	365	mg/l
COD	C	600 mg/l	434 <b>mg/l</b>	373 <b>mg/l</b>	651	mg/l
TSS	C	350 mg/l	98.0 <b>mg/l</b>	96.0 <b>mg/l</b>	224	mg/l
OIL/GF	₹ 9	200 mg/l	11.8 <b>mg/l</b>	27.3 mg/l	32.0	mg/l
cd	¢	mg/l	mg/l	mg/l		mg/l
cr	C	mg/l	mg/l	mg/l	Andrew Wilder Wilder States and and and	mg/l
cu	C	mg/l	mg/l	mg/l		mg/l
рb	c	mg/l	mg/l	mg/l		mg/l
ni	C	mg/l	mg/l	mg/l	taken outer toder toder toder toder to	mg/l
ag	C	0.5 <b>mg/l</b>	< 0.007mg/l	< 0.007 mg/l		mg/l
zn	C	mg/l	mg/l	mg/l		mg/l
cn-T	9	mg/l	mg/1	RECELY	/ E D	mg/l
cn-A	9	mg/l	mg/l	mg/l	/- E-6/	mg/l
TTO	9	mg/l	mg/l	MAY-2 4-26		mg/l
THE	ner soon soon soon soon soon soon soon soo	mg/l	mg/l	ENVIR <b>ONDAE</b> NTAL CO		
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#### INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

SPECIAL CERTIFICATION STATEMENTS

PART III:

permit a	on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Pand PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.	lease review your FACILITY. If your
A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to necertification:	ake the following
ē.	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharge point(s)	arged at sampling
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in are required to make the following certification:	your permit, you
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharge connection points which are not specified in my permit.	ed at those active
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following  I certify, since the permit issue date, there has been no change in the status of connection points identified as points remain inactive and no discharge occurred during the period covered by this report.	
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you make the following certification:	ou are required to
	I certify the grab sample results in this report accurately represent our average daily discharge at sample poin	t(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards to make the following certification:	, you are required
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject standards in 40 CFR	t to pretreatment
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring at the Pharmaceutical sample point(s) subject to the following certification:  I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutic process subject to Categorical Standards in 40 CFR 439.	-
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrophysics (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrophysics (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrophysics (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrophysics (40 CFR 433) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 433) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 453) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 453) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 453) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 453) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 453) or Electrophysics (40 CFR 459) can be exempted from TTO monitoring only at the Electrophysics (40 CFR 453) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 453) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 453) or Electrophysics (40 CFR 453) at the Electrophysics (40 CFR 453)	ical & Electronic ion for total toxic irganics into the
PART I	IV: GENERAL CERTIFICATION STATEMENTS	
Initial the	ne box for statement A if it applies to you. Everyone must complete the information under statement B and sign this	report.
A.	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following for TTO at sample point(s), I certify that to the best of my knowled toxic organics have been used at this premise or discharged into the wastewaters since filing of the test discharge.	ge and belief, no
<b>B</b>	DISCHARGE MONITORING REPORT CERTIFICATION	
designed who mans and belief and impris	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the prinage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best lef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the prisonment for knowing violations.  The Thy HLL	erson or persons of my knowledge possibility of fine
Titie:	type name of signing official: Thothy HILL  Building Sture Ett Director Telephone: 319-577-8070  Telephone: 5-18-06	
Signature:	re: Juil 18.06	likeryyyn program amerika (likeriyyyn program amerika (likeriyyyn amerika (likeriyyyn amerika (likeriyyyn amerika (likeriyyy) amerika (likeriyyyyn amerika (likeriyyy) amerika (likeriyyyyn amerika (likeriyyy) amerika (likeriyyyyn amerika (likeriyyy) amerika (likeriyyyyn amerika (likeriyyy) amerika (likeriyyyy) amerika (likeriyyy) amerika (likeriyyyy) amerika (likeriyyyy) amerika (likeriyyyy) amerika (likeriyyyy) amerika (likeriyyyy) amerika (likeriyyy) amerika (l
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# METROPOLITAN ST. LOUIS SEWER DISTRICT

PART ONE	INDUSTRIAL U	SER SELF MONITOR	ING REPORT	
ST. LOUIS UNIVER 3635 VISTA AVE. ST. LOUIS, MO.		3110	PERMIT NUMBER	41121951-00
MONITORING PERIOD Samples collected b Samples analyzed by	 X JAN/MAR yMetropoli	APR/JUN tan Manufacturer		OCT/DEC 314-966-1006
PART II ANALYTICA	L RESULTS OF	SELF MONITORING		
MSD SAMPLE POINT	#	(004) √ #	005√#	
SAMPLING DATES		02-23-06	02-23-06	
FLOW (GPD) E/M	Magne Labor Marie Maller Marie Artin	936 EST.	5,000 EST.	
PARAMETER G/C	LIMIT	ANALYTICAL RE	SULTS	- 1844 1848 1848 1846 1846 1846 1846 1846
TEMP C g	60@C.	Limos: QK	18.9	. <u> </u>
PH g 5.5	TO 11.5	<del></del>	6.5	
BOD c	300 mg/l	mg/l	102 mg/l	mg/l
COD c	600 mg/l	mg/l	310 <b>mg/l</b>	mg/l
TSS c	350 mg/l	mg/l	180 <b>mg/l</b>	mg/l
OIL/GR g	200 mg/l	mg/l	17.8 mg/l	mg/l
cd c	mg/l	mg/l	mg/l	mg/l
cr c	mg/l	mg/l	mg/l	mg/l
cu c	mg/1	mg/l	mg/l	mg/1
pb c	mg/l	mg/l	mg/l	mg/l
ni c	mg/1	mg/l	mg/l	mg/l
ag c	mg/l	mg/l	mg/l	mg/l
zn c	mg/l	mg/l	mg/l	mg/l
cn-T g	mg/l	mg/l	mg/l	mg/1
cn-A g	mg/l	mg/l	RECETV	'ED mg/I
TTO g	5.52 <b>mg/l</b>	mg/l	MAY _m 2/ <u>h</u> 20	<b>06</b> mg/l
	mg/l	mg/l	DIVISION C ENVIRONMENTAL COI	F mg/1
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#### INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART I	11:	SPECIAL CERTIFICATION STATEMENTS
permit an	nd PLACE	tal conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.
A.	If your pe	emit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
		I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.		ermit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you red to make the following certification:  I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your pe	ermit special conditions waive monitoring at inactive connection points, you are required to make the following certification.  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.		ermit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to following certification:
		I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.		rmit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required the following certification:  I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.		es subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Yotal Cyanide armaceutical sample point(s) subject to the following certification:  I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
	Compone	es Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic ints (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrical & Electronic ints sample point(s) subject to the following certification:  Basad on my inquiry of the person or persona directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since thing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART I	<b>/</b> :	GENERAL CERTIFICATION STATEMENTS
Initial the	box for st	atement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A.	Discharge	es at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
<b>B</b>	DISCHAR	GE MONITORING REPORT CERTIFICATION
designed who mans and belief, and impris	to assure ige the sy , true, acc sonment f	ity of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons stem, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge urate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or knowing violations.
Print or ty	pe name	of signing official: I (nothy HLC
Title: <u>/</u>	Dulde	of signing official: T(nothy Hr)  Sonvices program  Telephone: 314-577-8070  While: 5-18-06
Signature:	<u> Li</u>	Date: 5-18-06

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SMF 10/93



# Metropolitan St. Louis Sewer

#### District

Office of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

May 9, 2006

Tim Hill
Director of Building Services
ST. LOUIS UNIVERSITY HOSPITAL
3635 Vista Avenue
P.O. Box 15250
St. Louis, MO 63110

RE: NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41121951-00

For premise at: 3635

3635 & 3655 Vista Avenue St. Louis, MO 63110

Dear Mr. Hill:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequency specified in the permit. The results are to be reported quarterly. Your report for first quarter was due by April 28, 2006.

#### **VIOLATIONS OF PERMIT TERMS/CONDITIONS:**

The first quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the first quarter's reporting requirements.

The reporting requirements of your permit also includes completing a certain certification for each quarter. Even if sampling and analytical requirements can not be met, the report should still be submitted with the applicable certification completed. The violation will then be recorded as an incomplete report rather than "no report".

#### REQUIRED ACTION/RESPONSE:

Submit the first quarter 2006 report, any available first quarter self-monitoring data, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your first quarter report and corrective action response by May 22, 2006.

If you have any questions, please contact me at 436-8756.

Sincerely.

METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

pc: Suspense file



## Metropolitan Saint Louis Sewer District 2350 Market Street Saint Louis, Missouri 63103-2555

ST LOUIS UNIVERSITY HOSPITAL 3635 Vista Ave. P.O. Box 15250 St. Louis, MO 63110-0250

Attn: Tim Hill

#### INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 4112195100

### ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2005.

Fee will be included on the next regular monthly bill from the Metropolitan St. Louis Sewer District.

#### **Explanation of Charges**

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2005 through September 30, 2006 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at **3635 & 3655 Vista Ave.**.

Base charge @ \$150.00 per permit Volume charge @\$0.72 per average daily Ccf Sample Point Charge @\$100.00 per sample point

164.88 Ccfs 5 points \$150.00 \$118.71 \$500.00

Total Fee Due:

\$768.71

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

# THIS IS NOT A BILL DO NOT PAY NOW

### FEE WILL BE INCLUDED ON MONTHLY BILL



#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson		RECEIVED
Title: Health Physicist	Telephone: <u>977-6896</u>	JAN 2 0 2006
Signature: Their July	Date: ///8/06	DIVISION OF
	E	NVIRONMENTAL COMPLIANCE

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Prem	any: St. Louis University Hospital ise Address: 3635 & 3655 Vista Ave.				Account # Zip Code:		41121951-00 63110-	
	Inspection Date: 12/20/04						TO TO THE REAL PROPERTY OF THE PARTY OF THE	
	Categories: SIU \( \sumeq \) CIU \( \sumeq \) Non-Toxic Waste \( \sumeq \) No any Representative: Tim Hill	Process	Su: Fl	rcharge ow [	Potenti Multi U	al Jsei	Toxic Waste [ r	annoted in
	e: Director of Building Services		* 1041	***************************************	Phone#: 31	4 5	577-8072	
Insp	ector: J. Goodall				***************************************			
	rs Present: None						i ii d dasaa.	
	<u> </u>			_	MA 00:80	!	09:05 AM	
NOTE	ALL ITEMS ARE TO BE COMPLETED BASED O INFORMATION PROVIDED BY COMPANY DURING							ON
**	* DATABASE ALSO UPDATED WITH APPROPRI	ATE CHANG	ES	- see	attached dat	aba	se reports **	*
1.	A. ARE THERE ADDITIONAL ACCOUNT NUM List them, note any changes:		0 -	00. 900	91536-01		Yes⊠ N	0
	B. WERE ALL ACCT NUMBERS VERIFIED A	S CORRECT	- ه	ACTIVE	ON BILLING	sys	STEM? Yes⊠ N	·o[
2.	PROCESS & CLEANUP/WASHDOWN:	Cont/ Batch		Water Used?	Frequency of discharg	<u>je</u>	Sample pt.	
	Hospital care/surgical operations	Cont		Yes	Daily		001,002	
	Clinical & research labs	Cont	_	Yes	Daily		001,002	
	In-patient psychiatric care & cancer treatment	Cont		Yes	Daily		001,002 003,005	
		(None)	$\dashv$	N/A N/A				4
		(None)	$\dashv$	N/A N/A				
	7 Hb	,			L		<u> </u>	
						1		
3.	PRETREATMENT (describe):	335003335000030000000000000000000000000		**************************************	Michaelennennennennennennen proprinter zur zu		Sample pt.	
3.	Silver recovery (electrolytic & meta	llic repl	aç	ement)	Alk-konononononononononononononononononono		001,002	
3.		llic repl	ac	ement)	1-4		**************************************	
3. 4.	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process:	W POLLUTA	NT	s since		ISP?	001,002	[o⊠
	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD	W POLLUTA	NT rg	s SINCE	(s)?		001,002 001 Yes N	[o]
	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C	W POLLUTA ES discha 0.1 mg/l	NT rg fo	S SINCE e limit r any n	(s)? ew pollutant	?	001,002 001 Yes N Yes N	
	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C D. Comments:	W POLLUTA ES discha 0.1 mg/l is yes an	NT rg fo d	S SINCE e limit r any n dischar	(s)? ew pollutant ge will cont	?	001,002 001 Yes N Yes N	[o]
	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C	W POLLUTA ES discha 0.1 mg/l is yes an 0 CFR 405	NT rg fo d	S SINCE e limit r any n dischar	(s)? ew pollutant ge will cont RATIONS?	?	001,002 001 Yes N Yes N	[o]
4.	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C D. Comments:  ARE THERE ANY FEDERALLY REGULATED (4 A. If yes, list reg. & describe (in DOES CATEGORICAL WASTEWATER COMBINE	W POLLUTA ES discha 0.1 mg/l is yes an 0 CFR 405 cluding a	nnT rg fo d	e limit r any n dischar 71) <u>OPE</u> discha	(s)? ew pollutant ge will cont RATIONS? rge):	?	001,002   001   Yes   N   Yes   N   Yes   N	
4.	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C D. Comments:  ARE THERE ANY FEDERALLY REGULATED (4 A. If yes, list reg. & describe (in-	W POLLUTA ES discha 0.1 mg/l is yes an 0 CFR 405 cluding a	rg fo d -4 ny	e limit r any n dischar 71) <u>OPE</u> discha	(s)? ew pollutant ge will cont RATIONS? rge):	? inu	001,002   001   Yes	
4.	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C D. Comments:  ARE THERE ANY FEDERALLY REGULATED (4 A. If yes, list reg. & describe (in DOES CATEGORICAL WASTEWATER COMBINE A. At which points? B. Current applied factor: C. If no, what is the correct factor & explain change?  IS ANY WASTEWATER SUBJECT TO PRODUCT	ES discha 0.1 mg/l is yes an 0 CFR 405 cluding a	rg fo d -4 ny	S SINCE e limit r any n dischar  71) OPE discha T. WW P	(s)? ew pollutant ge will cont RATIONS? rge): RIOR TO SAMP	? inu	001,002	
4. 5.	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C D. Comments:  ARE THERE ANY FEDERALLY REGULATED (4 A. If yes, list reg. & describe (in DOES CATEGORICAL WASTEWATER COMBINE A. At which points? B. Current applied factor: C. If no, what is the correct factor & explain change?  IS ANY WASTEWATER SUBJECT TO PRODUCT A. At which points? B. Since calculation of the curren production rate or discharge vol	W POLLUTA ES discha 0.1 mg/l is yes an 0 CFR 405 cluding a	NT rg fo d -4 ny CA	S SINCE e limit r any n dischar  71) OPE discha  T. WW P  BASED has the	(s)? ew pollutant ge will cont  RATIONS? rge):  RIOR TO SAMP  Is it cor  STANDARDS?	? inu LIN	001,002	
4. 5.	Silver recovery (electrolytic & meta Kitchen grease trap  HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process: B. Will MSD STP exceed existing NPD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C D. Comments:  ARE THERE ANY FEDERALLY REGULATED (4 A. If yes, list reg. & describe (in DOES CATEGORICAL WASTEWATER COMBINE A. At which points? B. Current applied factor: C. If no, what is the correct factor & explain change?  IS ANY WASTEWATER SUBJECT TO PRODUCT A. At which points? B. Since calculation of the curren	W POLLUTA ES discha 0.1 mg/l is yes an 0 CFR 405 cluding a	NT rg fo d -4 ny CA	S SINCE e limit r any n dischar  71) OPE discha  T. WW P  BASED has the	(s)? ew pollutant ge will cont  RATIONS? rge):  RIOR TO SAMP  Is it cor  STANDARDS?	? inu LIN	001,002	

8.				ATERIALS HANDLE						Yes⊠ No∐
	Α.	Describe ope	ration	ns & disposal:						d for decay
	_	_							site fo	r disposal
				MSD authorizat						Yes⊠ No□
		Date of Auth				Annual	amt appr	oved:	12 mCi	
				led the approve	d quant	tity?				Yes∏ No⊠
	Ε.	If yes, expl	.ain:							
9.		IS WATER USE A							İ	Yes∏ No⊠
	Α.	Explain how	verifi	.ed & needed ch	anges:					cility this
						<u>size a</u>	nd has	decrease	d over	r the last
						year.				
10.				ORDINANCE DISCH			CE			Yes□ No⊠
			ION OF	R WITHIN THE LA						
	Α.	If yes:			Samp		_	lem resc		
		Pollutant	Wher	1	Poin	ts	Yes/No	Descril	be	00000000000000000000000000000000000000
							N/A	~~:		
				·			N/A			
							N/A			
							N/A			
							N/A		ļ	)
							N/A			
	В.	Comments:		<b></b>						
11.				CATEGORICAL PRE			S SINCE		NA	Yes No
	THE		ION OF	R WITHIN THE LA	ST 12 1	MONTHS?			!	
	Α.				Samp	le	Is prob	lem resc	lved?	
		Pollutant	Wher	1	Poin	ts	Yes/No	Descri	e e	
				T 1911 IV BOOKER BOOKERSONS AND ARREST			N/A			
							N/A			
							N/A			,
				V/F			N/A			
				4			N/A			
				3 1 F 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*****	N/A			
	В.	Comments:		**************************************			.1			
			***************************************							
12.	HAV	E THERE BEEN	ANY PI	ROBLEM DISCHARG	ES SING	CE LAST I	NSPECTION	13		Yes□ No⊠
	Α.	Upsets?	Ву	passes of preti	reatmen	t facilit	ies?□			
		Spills?		ug discharges?		Other?	•		!	
	В.	Explain any				•				
				<del></del>					İ	
13.	ARI	E ANY SOLVENTS	: USED	?						Yes No
	Α.	If yes:							ļ	413/433/469
		List solvent	s	Used for?		How disp	posed?		l i	Process?
		Chloroform,		Surgical ops,		Collecte	ed & haul	ed off s	ite	Yes No
		phenol, tolu	ene,	sterilization,	lab					Second Second
		xylene, alcol	nol,	testing						
		meth. chlorid	de	-					!	
					*					Yes No
				, , , , , , , , , , , , , , , , , , ,	***************************************		- Arraca			Yes No
		7 7 7		*****	***************************************		***************************************	······································	<u> </u>	Yes No
				7 · b		<del></del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
14.	COU	LD SPILLS OR	LEAKS	OF STORED CHEM	ICALS,	WASTES O	R PROCESS			Yes□ No⊠
				SANITARY SEWE						100
	Α.	_								
	B.			y controlled?	Flamm	ables are	in cont	ainment	and of	ther stored
		•		_						lrains. Lab
						s are col				
					***************************************		***	<u>-</u> -	<del>                                     </del>	
									i I	
					2				. ((	09/05)
									1	

	If yes: Title	SMP? 413/433/469	Last Update	Copy in File? (SMP only)	Update ne Explain i		
	Hazardous Chemical Spill	N/A	1/1/98	Yes	No	100000000000 <del>0</del> 000000000000000000000000	inadiananananan
	Plan	N/A		N/A	N/A		
		N/A		N/A	N/A		
В.	Are any Plans needed in a (write company and reques		those list			Yes_	No
HAZ	ZARDOUS WASTES:						
A.	Was the company informed/remind (RCRA) exist and may potentiall				regulations	Yes⊠	No
в. С.	Is there any discharge to the s reported to MSD (under 40 CFR 4	ewers of hazar			previously	Yes□	NoX
D.		"Public Notic (regardless of	e/Haz. Waste whether the	Discharge Notifi e are any discha	cation" rges)?	Yes⊠	No
	E EMERGENCY NOTIFICATION PR	OCEDURES PO	STED?			Yes⊠	No[
	Are MSD contacts listed? If no to either, describe	how handle	d:			Yes⊠	No[
IS A. B. C.	If other document, date &	ntained in description	permit 🔯 n:	or other	document [	Yes⊠ ].	No[
E.	How frequently are report Have reports been on-time If no, explain:	s required?	Quarte	rly	on?	Yes⊠	No
A.	Are representative grab/c	quired by M omp samples me period m	SD? collected	?	on	Yes⊠ Yes⊠ Yes⊠ Yes⊠	No_
D. E.	Are EPA-approved 40 CFR 1		er test me	thods used?		Yes⊠	No
TO	COMPANY UNDER ANY ENVIRON SUBMIT COMPLIANCE SCHEDULE If yes, type and date:	NMENTAL ENFO	DRCEMENT O	RDERS OR REQU	JIREMENTS	Yes 🗌	ио⊠
В.	Have the reports & action If no, explain:	s been on-t	ime & comp	lete?		Yes 🗌	No
DOE A.	ES MSD CATEGORY NEED TO BE Indicate correct categoric SIU  CIU  Non-Toxic Waste No	es: Surcharg		ential Toxic W Multi User □	Waste	Yes 🗌	No⊠
В.	Explain changes:						
		3				09/05)	

22.	SAMPLE	POINT	rs					DJ	(y/n)
	SP #	001	Fed.R	eg.	N/A	Components:	Sanitary + hospital		No
		Ì					NCCW + boiler blow	down + x-ray	
		ļ					+ kitchen waste		
	SP#	002	Fed.R	eg.	N/A	Components:	Sanitary + hospital	waste +	No
					7-1-		x-ray		ļ
	SP #	003	Fed.R	eg.	N/A	Components:	Sanitary + hospital	waste 	No
	SP #	004	Fed.R	eg.	N/A	Components:	NCCW		Yes
	SP#	005	Fed.R	eg.	N/A	Components:	Sanitary + hospital	waste	No
		<u> </u>	<u> </u>	**************************************			, , , , , , , , , , , , , , , , , , ,		<u> </u>
23.	ANY U	NSAMPL	ED DIS	CHAR	GES? (lis	t each lateral :	separately)	Yes	иоХ
		SP#			ponents:			F-1	***************************************
	Dummy	SP #		Com	ponents:		¥-1,		
			<b>'</b>				P-PRIMIL A		
24.	WERE	ALL SA	MPLE P	OINT	S OPENED .	AND INSPECTED?		Yes⊠	No
						ed or opened, ex			
	в. І	f any	SP des	crip	t's need	to be changed, e	explain:		
25.	REVIE	W THE	SAMPLE	POT	NT MAP!		Last map revision da	1/3/05	
						curate in all it		Yes Yes	No
					ges are n		.b accarrs.	169	NO
						-7.18 (s. 1. 3. Additional designations)			
USE T	HIS SPA	CE FOR	ANY OT	HER	COMMENTS/C	BSERVATIONS PERT	INENT TO YOUR INSPECT:	ON OF THIS SIT	Έ.
				ту с	onverted o	over to digital	processing, but some	liquid	
proce	essing	may re	maın.					!	

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

'INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

INDUSTRIAL USER CLASSIFICATION	S WUNNENBERG INFO.	SJU CRITERIA	New York (N
03/06/1997 SIU	Base Map 20F1		60
03/06/1997 PTW	Wun:St. Louis City & Co.	POTM Reasonable potential for adve	erse affect
	Grid: H 21 Page 38		
ENERAL INFORMATION	INSPECTION INFORMATION	PERMIT INFORMATION	
Office Mailing Address	Next Due	Issue Date: 01/01/2002	IUQ INFORMATION  IUQ Recvd Date: 07/09/2001
3635 Vista Ave.	Insp Rsit	Expire Date: 12/31/2006	Reviewer: Fabian Grabski
St. Louis, MO. 63110-0250	12/08/2005 RIN James Goodall	Extended Date: 07/21/2002	
	12, 05, 2000 Idi.	Writer Fabian Grabsk	
		Issue Date: 01/01/2002	
		Expire Date: 12/31/2006	
		Extended Date:	
CONTACTS		Writer Fabian Grabsk	
ADDROGRAPH CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE C	f Building Services OFF (3	14) 577-8072 Ext.	
		14) 577-8070 Ext.	
	(-	14) 577-8072 Ext.	l İ
		14) 577-8070 Ext.	
PERATIONAL INFORMATION	3 (3	11) 311 0070 2362	OTHER AGENCIES INFORMATIO
Work Days: 7	S M T W T F S	11/25/1996 MDNR - Hazardous W	aste Program 01721
1 1,884 07:00AM 8.0	YYYYY	09/28/2005 MSD - Billing Account	
2 616 03:00PM 8.0	Y Y Y Y Y Y	09/28/2005 MSD - Billing Account	
3 615 11:00PM 8.0 Fotal Emp: 3,115 Hrs: 24.0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	09/28/2005 MSD - Billing Account	Number 00447331
AW MATERIALS		SIC INFORMATION	
AW MATERIALS	ON QUANTITY UNIT	SIC DESCRIPTION	
W MATERIALS EFF DATE MATERIAL_DESCRIPTION O5/07/2004 Surgery		SIC DESCRIPTION  8062 General Medical & Surgical Hos	pitals
AW MATERIALS  EFF DATE MATERIAL_DESCRIPTION 05/07/2004 Surgery 05/07/2004 X-ray and diagnostic services		SIC DESCRIPTION	pitals
EFF DATE MATERIAL_DESCRIPTION 05/07/2004 Surgery 05/07/2004 X-ray and diagnostic services	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
EFF DATE MATERIAL_DESCRIPTION  Surgery  05/07/2004 X-ray and diagnostic services  PRODUCTS  EFF DESCRIPTION		SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
EFF DATE MATERIAL_DESCRIPTION  Surgery  05/07/2004 X-ray and diagnostic services  PRODUCTS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
EFF DATE MATERIAL_DESCRIPTION  Surgery  05/07/2004 X-ray and diagnostic services  PRODUCTS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
W MATERIALS  EFF DATE MATERIAL_DESCRIPTION  05/07/2004 Surgery  X-ray and diagnostic services  PRODUCTS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
AW MATERIALS  EFF DATE MATERIAL_DESCRIPTION  05/07/2004 Surgery  05/07/2004 X-ray and diagnostic services  PRODUCTS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
05/07/2004 Surgery 05/07/2004 X-ray and diagnostic services PRODUCTS EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
EFF DATE MATERIAL_DESCRIPTION  Surgery  05/07/2004 X-ray and diagnostic services  PRODUCTS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
W MATERIALS  EFF DATE MATERIAL_DESCRIPTION  05/07/2004 Surgery  X-ray and diagnostic services  PRODUCTS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
AW MATERIALS  EFF DATE MATERIAL_DESCRIPTION  05/07/2004 Surgery  05/07/2004 X-ray and diagnostic services  PRODUCIS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
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AW MATERIALS  EFF DATE MATERIAL_DESCRIPTION  05/07/2004 Surgery  05/07/2004 X-ray and diagnostic services  PRODUCIS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
AW MATERIALS  EFF DATE MATERIAL_DESCRIPTION  05/07/2004 Surgery  05/07/2004 X-ray and diagnostic services  PRODUCIS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
AW MATERIALS  EFF DATE MATERIAL_DESCRIPTION  05/07/2004 Surgery  05/07/2004 X-ray and diagnostic services  PRODUCIS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
EFF DATE MATERIAL_DESCRIPTION 05/07/2004 X-ray and diagnostic services PRODUCIS  EFF DESCRIPTION 05/07/2004 General hospital service	UNIT	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	
EFF DATE MATERIAL_DESCRIPTION  Surgery  05/07/2004 X-ray and diagnostic services  PRODUCTS  EFF DESCRIPTION	5	SIC DESCRIPTION  8062 General Medical & Surgical Hos  8063 Psychiatric Hospitals	

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

82,323

**INDUSTRY NAME** 

PRIMARY MSD ACCOUNT NO.

ST LOUIS UNIVERSITY HOSPITAL

**Facility Total** 

4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

SEWER ACCOUNTS Sewer Accounts 4112195100 4112195001 9009153601

WATER CONSUMPTION AND WASTEWATER DISCHARGE 08/01/2004 End Date = Wdays Cdays 01/06/2006 Acct. No. Consumption Discharge 4112195001 CCF's Gallons Gal/Wdav Gal/ Cdav 4112195001 07/17/2004 10/22/2004 253 253 A 98 98 98 4112195001 10/23/2004 02/08/2005 10 263 109 109 207 4112195001 02/09/2005 04/18/2005 220 483 69 69 276 4112195001 04/19/2005 08/05/2005 20 503 109 109 385 RF 0.68Acct. Total 503 376,270 385 385 665 665 4112195100 CCF's Gallons Gal/Wday Gal/ Cday 4112195100 07/17/2004 10/22/2004 22,610 22,610 A 98 98 98 10/23/2004 4112195100 01/25/2005 12,090 34,700 95 95 193 4112195100 01/26/2005 04/19/2005 11,523 46,223 84 84 277 4112195100 04/20/2005 07/21/2005 21,677 67,900 93 93 370 RF 0.68 Acct. Total 67,900 50,792,731 370 370 93,349 93,349 9009153601 CCF's Gallons Gal/Wdav Gal/ Cdav 9009153601 07/21/2004 10/22/2004 4,940 4,940 A 94 94 94 9009153601 10/23/2004 01/25/2005 2,420 7,360 95 95 189 9009153601 01/26/2005 04/15/2005 1,870 9,230 80 80 269 9009153601 04/16/2005 07/20/2005 4,690 13,920 96 96 365 RF 1.00 Acct. Total 13,920 10,412,884 365 365 28,528 28,528

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

Data Date & Time:

01/06/2006

8:28:03 am

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

\$1878,528855028584127:585555550000000	and SAMPLE POINT INFORMATION	DOMAIN TO		P. 41 P. 1		İ
LATERAL NO.	. Lateral Type Sanitary Or Combined	DSMH T 20F3 350C	reatment Area Trunk Sewer	Bissell Point Old Mill Creek		
	•	20.0		old IIII Clock		
Description	Multiple lines from W side of hospital and					
Sewer Route	W on Vista in 27 pipe to 39th St, then N ir					
SAMPLE POIN	NT NO. 001 Ordinance	NPD	ES Outfall No.			
Description	MH in driveway W of loading dock at SW	corner of main hospi	tal building			Effective
Discharge Com	ponents Process Description	Avg Flow	Unit Ma	ax Flow Unit	RUD	Date
Non Contact Coo	olír HVAC	7,460	GPD	GPD	D	12/20/04
Boiler Blowdowr	1	•	GPD	GPD	D	12/20/04
Sanitary		•	GPD	GPD	D	12/8/05
Kitchen Waste Process Waste	W MOV	ŕ	GPD	GPD	D	12/8/05
Hospital Waste	x-ray		GPD GPD	GPD GPD	D D	12/8/05 12/8/05
2102 <b>p</b> 11 <b>2</b> 1 / 2014	Total Flow Ave =	41,090	Max =	3.2	D	12/0/03
CONNECTION	and SAMPLE POINT INFORMATION			***************************************	<b>9600000</b>	000000000000000000000000000000000000000
LATERAL NO.	30,000,000,000,000,000,000,000,000,000,	DSMH T	reatment Area	Bissell Point		
02	Sanitary Or Combined	20F3 350C	Trunk Sewer	Old Mill Creek		
Description	Line S from S side of building to Vista Av					
Sewer Route	W on Vista in 27 pipe to 39th St, then N is					
SAMPLE POIN	VT NO. 002 Ordinance	NPD	ES Outfall No.			
Description	MH on Vista, 15' S of sidewalk, 36' E of is	land S of main hospit	al building			Effective
Discharge Com	ponents Process Description	Avg Flow	Unit Ma	ıx Flow Unit	RUD	Date
Hospital Waste		12,590	GPD	GPD	D	12/8/05
Sanitary		13,465	GPD	GPD	D	12/8/05
Process Waste	x-ray		GPD	GPD	D	12/8/05
880000000000000000000000000000000000000	Total Flow Avg =	26,095	Max =			
CONNECTION LATERAL NO.	and SAMPLE POINT INFORMATION  Lateral Type	DSMH Tı	eatment Area	Bissell Point		
03	Sanitary Or Combined	20F3 350C	Trunk Sewer	Old Mill Creek		
Description	Line SE from S side of building at entranc					
Sewer Route	W in 3'x4' pipe to 9' pipe, N to trunk to tre					
SAMPLE POIN	IT NO. 003 Ordinance	NPDI	ES Outfall No.			
Description	MH 54' E of SW corner of West Pavilion be	uilding				Effective
Discharge Com	ponents Process Description	Avg Flow	Unit Ma	x Flow Unit	RUD	Date
Hospital Waste		3,820	GPD	GPD	D	12/8/05
Sanitary		6,430	GPD	GPD	D	12/8/05
//////////////////////////////////////	Total Flow Avg =	10,250	Max =			
CONNECTION LATERAL NO.	and SAMPLE POINT INFORMATION  Lateral Type	DSMH Tr	eatment Area	Bissell Point		
04	Sanitary Or Combined	20F3 362C	Trunk Sewer	Old Mill Creek		
Description	Line W from SW corner of parking garage					
Sewer Route	W in 3'x4' pipe to 9' pipe, N to trunk to tre					
SAMPLE POIN			ES Outfall No.			
Description	6" t-vent inside W Pavilion parking garage	10' N, 18' E of SW co	rner			Effective
Discharge Comp	ponents Process Description	Avg Flow	Unit Ma	x Flow Unit	RUD	Date
Non Contact Cool	lir	936	GPD	GPD	D	5/14/02
port No. PIMS012	2A 01/06/2006 8:28:03 am	999 980 900 900 900 900 900 900 900 900	000000000000000000000000000000000000000	227 72000000000000000000000000000000000	AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	***************************************
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#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

INDUSTRY NAM PRIMARY MSD A			IVERSITY HOS 5100	PITAL	Pren	nise Address	3635 & 365 St. Louis M		ve.	
		Total F	low Avg =	936	Ŋ	Aax =				
		IPLE POINT INFO	dika e 2 km e 5 km 8 fm 1 af 8 dika - 44 1 ft - 5 af -		***************************************	00000000000000000000000000000000000000	***************************************			•••
LATERAL NO.		eral Type			eatment /					
05	Sanitar	y Or Combined	20F	3 362C	Trunk S	ewer Old Mil	l Creek			
Description	Manho	le 93' S, 9' W of NW	corner of W p.							
Sewer Route	W in 35	x4' pipe to 9' pipe, N	to trunk to tre							
SAMPLE POIN	T NO.	005 Ordinance		NPDI	ES Outfall	No.				
Description	MH	93 ' S, 9' W of NW co	orner of W Pavilion bui	lding					Tree 4	
Discharge Com	ponents	Process Descript	tion	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date	
Hospital Waste				1,250	GPD		GPD	D	12/8/05	***************************************
Sanitary				2,750	GPD		GPD	D	12/8/05	
		Total F	low Avg =	4,000	N	fax =				
PRETREATMEN	TTYPE				RPRINCES REPORTED TO THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPOR	000000000000000000000000000000000000000				
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001 06/06/2000	DC28	Grease Trap								
001 06/06/2000	DC32	Metallic Replaceme	ent							
001 06/06/2000	DC20	Electrolysis								
002 06/06/2000	DC20	Electrolysis								
002 06/06/2000	DC32	Metallic Replaceme	ent							
PRIORITY POLI	JUTANI								**************************************	
<u>Pollutant Descript</u>	tion	<u>Status</u>	Pollutant Description	<u>n</u>	Status	Pollutant De	scription		Status	
Phenol		KP	Methylene Chloride		KP	Chloroform			KP	
EXTRA STRENG	THSU	CHARGE INFORM	<b>AATION</b>				00000000000000000000000000000000000000			

Report No. PIMS012A Data Date & Time:

01/06/2006

8:28:03 am

01/06/2006

8:28:03 am

PIMS FACILITY CONTACTS
4112195100 ST LOUIS UNIVERSITY HOSPITAL

Located at

at 3635 & 3655 Vista Ave.

St. Louis

MO 63110

Address Type

For Account Number

Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Office Mailing Address	*idoacidoscocococidoscocidoscocidoscocidoscocidoscocidoscocidoscocidoscocidoscocidoscocidoscocidoscocidoscocido	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				000000000000000000000000000000000000000
Office Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Office Contact 1st Alt	H.C.	Abbott	Administrative Assistant	OFF	(314)577-8070	
Premise Address					, ,	
Field Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Field Contact 1st Alt	H.C.	Abbott	Aministrative Assistant	OFF	(314)577-8070	

Report No. PIMS061a Data Date & Time 1/6/2006 1/6/2006 8:07:50AN 8:07:50AN

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Modification Date: Modification Time: 01/06/2006 8:07:49AM

# PIMS REPORT OF FIELD SAMPLING REQUIREMENTS ST LOUIS UNIVERSITY HOSPITAL

Account No Entered 4112195100

SPN	PRE	MISE ADDRESS	CITY	ST	ZIP	
	3635	& 3655 Vista Ave.	St. Lo	uis MO	63110	
001 Project Code: Pollutant Group	IM = I Poll Code	PD - Company - MSD Pollutant Description	Frequency	Sample Type		End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs		06/30/2006
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		06/30/2006
	T234000	Oil and Grease (Total)	Once/year	Grab	ļ	06/30/2006
	T237000	pH	Once/year	Grab		06/30/2006
	T247000	Temperature	Once/year	Grab		06/30/2006
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs		06/30/2006
	T332000	Chloroform	Once/year	Grab		06/30/2006
	T371000	Methylene Chloride	Once/year	Grab		06/30/2006
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	ļ	06/30/2006
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	j	06/30/2006
GRIV (Starts - 08/14/199)	T999000	Total Toxic Organics	Once/year	Grab		06/30/2006
002 Project Code: Pollutant Group	IM = I Poll Code	PD - Company - MSD Pollutant Description	Frequency	Sample Type		End Date
<u></u>	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs		06/30/2006
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		06/30/2006
	T234000	Oil and Grease (Total)	Once/year	Grab		06/30/2006
	T237000	pН	Once/year	Grab		06/30/2006
	T247000	Temperature	Once/year	Grab		06/30/2006
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	į	06/30/2006
	T332000	Chloroform	Once/year	Grab		06/30/2006
	T371000	Methylene Chloride	Once/year	Grab		06/30/2006
		-	•	Comp-Time 04 Hrs	Î	06/30/2006
	T388000	Phenol	Unce/vear			
	T388000	Phenol Silver (Total)	Once/year Once/year	•		
·	T388000 T393000 T999000	Silver (Total) Total Toxic Organics	Once/year Once/year	Comp-Time 04 Hrs Grab		06/30/2006 06/30/2006
·	T388000 T393000 T999000 IM = I Poll Code	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description	Once/year Once/year Frequency	Comp-Time 04 Hrs Grab Sample Type		06/30/2006 06/30/2006 End Date
003 Project Code:	T388000 T393000 T999000 IM = I Poll Code	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day)	Once/year Once/year Frequency Once/year	Comp-Time 04 Hrs Grab  Sample Type  Comp-Time 04 Hrs		06/30/2006 06/30/2006 End Date 06/30/2006
003 Project Code:	T388000 T393000 T999000 IM = I Poll Code 1208000 T213000	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand	Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs		06/30/2006 06/30/2006 End Date 06/30/2006 06/30/2006
003 Project Code:	T388000 T393000 T999000 IM = I Poll Code 1208000 T213000 T234000	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total)	Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab		06/30/2006 06/30/2006 End Date 06/30/2006 06/30/2006
003 Project Code:	T388000 T393000 T999000 IM = I Poll Code T208000 T213000 T234000 T237000	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab		06/30/2006  End Date  06/30/2006  06/30/2006  06/30/2006  06/30/2006
003 Project Code:	T388000 T393000 T999000 IM = I Poll Code T208000 T213000 T234000 T237000 T247000	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab		06/30/2006 06/30/2006  End Date 06/30/2006 06/30/2006 06/30/2006 06/30/2006 06/30/2006
003 Project Code:	T388000 T393000 T999000 IM = I Poll Code T208000 T213000 T234000 T237000	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab		06/30/2006  End Date  06/30/2006  06/30/2006  06/30/2006  06/30/2006
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003 Project Code: Pollutant Group	T388000 T393000 T999000 IM = I Poll Code 1208000 T213000 T234000 T237000 T247000 T256000	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids  PD - Company - MSD Pollutant Description	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab		06/30/2006 06/30/2006  End Date 06/30/2006 06/30/2006 06/30/2006 06/30/2006 06/30/2006
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003 Project Code: Pollutant Group  004 Project Code:	T388000 T393000 T999000  IM = I Poll Code  1208000 T234000 T237000 T247000 T256000  IM = I Poll Code  1208000 T213000 T213000 T237000	Silver (Total) Total Toxic Organics  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids  PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand pH	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab  Sample Type  Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs Grab		06/30/2006  End Date  06/30/2006  06/30/2006  06/30/2006  06/30/2006  06/30/2006  06/30/2006  End Date  06/30/2006  06/30/2006  06/30/2006  06/30/2006
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# PIMS REPORT OF FIELD SAMPLING REQUIREMENTS ST LOUIS UNIVERSITY HOSPITAL

Account No Entered 4112195100

SPN PREMISE ADDRESS CITY ST ZIP

Report No. PIMS067A Data Date & Time 1/6/2006 1/6/2006 8:08:09AM 8:08:09AM

2 of 2

1140

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

/FC 10124/5

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No: 41121

41121951-00

Premise No: 3635 Vista at Grand Boulevard, 63104

Reporting Period: 

(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
A	
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTII	ICATION OF	COMPLIANCE	WITH STATE A	ND.	FEDERAL	REGULA	ATIONS
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1/4

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896
11.	Date: /0/18/05
Signature: 44	Date: ///8/05

# METROPOLITAN ST. LOUIS SEWER DISTRICT

		USER SELF MONITOR		
PART ONE ST. LOUIS UNIVERS 3635 VISTA AVE. ST. LOUIS, MO.		L 63110	PERMIT NUMBER	41121951-00
MONITORING PERIOD Samples collected by Samples analyzed by	JAN/MAI /MetropolPACE	itan Manufacture	rs' Association :	X OCT/DEC 314-966-1006
PART II ANALYTICAL	RESULTS OF	SELF MONITORING		
MSD SAMPLE POINT	#	001 #	002 #	003
SAMPLING DATES	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	10-12-05	10-12-05	10-12-05
FLOW (GPD) E/M		92,000 EST.	56,000 EST.	5,000 EST.
PARAMETER G/C	LIMIT	ANALYTICAL R		
TEMP C 9	60@C.	25.6	26.7	24.4
PH g 5.5	TO 11.5	6.5	6.0	7.0
BOD c	300 mg/l	162 <b>mg/l</b>	144 mg/l	356 <b>mg/l</b>
COD c	600 mg/l	217 mg/l	339 <b>mg/l</b>	571 <b>mg/l</b>
TSS c	350 mg/l	120 <b>mg/l</b>	112 <b>mg/l</b>	214 mg/l
OIL/GR g	200 mg/l	17.8 <b>mg/l</b>	20.4 mg/l	6.1mg/l
cd c	mg/l	mg/1	mg/1	mg/l
cr c	mg/l	mg/l	mg/l	mg/l
cu c	mg/l	mg/l	mg/l	mg/l
pb c	mg/l	mg/l	mg/l	mg/l
ni c	mg/l	mg/l	mg/l	mg/l
ag ¢	0.5 mg/l	0.0149 <b>mg/l</b>	( 0.007 mg/l	mg/l
zn ¢	mg/l	mg/l	mg/l	mg/l
cn-T g	mg/l	mg/l	mg/l	mg/l
cn-A g	mg/l	mg/l	NA REC	FIVED mg/1
TTO g	5.52mg/l	0.0014mg/l	(0.0082) mg/l	0.0109mg/l
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mg/l	10.0 mg/l	mg/l	5 2005 @mg/1
SAMP. TIME	xxxxxxx	8:37A-11:37AM		SION OF TAI. COMPLANCE 1:466
copyright@MMA'94	PA	AGE of		

PART III:	SPECIAL	CERTIFICATION	STATEMENTS

	OF BOIAL CERTIFICATION STATEMENTS
P	the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your description of the following of the following of the serview your descriptions in the serview your make applicable to your facility. If your intains no Special Conditions, then none of the certifications in PART It apply to you. GO ON TO PART IV.
Α.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
,	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	f your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:
	I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
<b>3</b> .	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:
	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	GENERAL CERTIFICATION STATEMENTS
nitial the	ox for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
•	ischarges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:
	in lieu of monitoring for 110 at sample point(s) . I certify that to the best of my knowledge and belief no
	toxic organics have been used at this premise or discharged into the wastewaters since filling of the last discharge monitoring report

DISCHARGE MONITORING REPORT CERTIFICATION

I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print or type name of signing official: TIA oTHY HILL	
Title: BJILDING SERVICES DIREGER Telephone	: 314-577-8070
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SMF 10/93

# METROPOLITAN ST. LOUIS SEWER DISTRICT

INDUSTRIAL USER SELF MONITORING REPORT PART ONE PERMIT NUMBER 41121951-00 ST. LOUIS UNIVERSITY HOSPITAL 3635 VISTA AVE. 63110 ST. LOUIS, MO. X OCT/DEC JUL/SEP APR/JUN MONITORING PERIOD JAN/MAR Samples collected by ... Metropolitan Manufacturers' Association 314-966-1006 Samples analyzed by ... PACE ANALYTICAL SERVICES, INC. ANALYTICAL RESULTS OF SELF MONITORING 005 004 10-12-05 SAMPLING DATES 10-12-05 5,000 EST. 936 EST. FLOW (GPD) E/M PARAMETER G/C LIMIT ANALYTICAL RESULTS 23.3 PH g 5.5 TO 11.5 mg/l 95.2 mg/l300 mg/lBOD 35.1 **mg/l** COD 600 mg/l 106 mg/l10.0 mg/l350 mg/l 91.7 mg/lmg/l200 mg/l OIL/GR g cd mg/lmg/1ma/1mq/1ma/1pb c ni mg/1mg/1mg/1mg/lmg/lmg/1mg/lmg/lmg/lmg/l 5.52 mg/1mg/l9:00AMENVIRONMENTAL COMPLIANCE XXXXXXX 9:10AM-12:10P

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#### INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

SPECIAL CERTIFICATION STATEMENTS

PART III:

permit a	on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review you and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If you contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.
A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
€.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Yotal Cyanide at the Pharmaceutical sample point(s) subject to the following certification:
	I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial the	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b> .	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
<b>B</b>	DISCHARGE MONITORING REPORT CERTIFICATION
designed who mar and belie and impi	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system of the assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons nage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine risonment for knowing violations.
Print or t	type name of signing official: TINOTHY HILL
Title:	s: Intly yfeld Date: 11-30-05
Signature	1/30-05
	2 SMF 10/93

SLUH BLDG SERVICES

Pace Analytical www.pscelsbs.com

Paca Analytical Services, Inc. 9808 Leinst Bird. Lanexa, KS 66219

> Phone: (913)599-5665 Fex: (913)599-1759

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#### **ANALYTICAL RESULTS**

Project:

60755

Date: 11/14/2005

Project ID: MMA/SLUH 004/002/004

The results are reported as received by the laboratory.

Leb ID: 60755001 Sample ID: SLUH 001)4			12/05 11:37 13/05 09:15	Mart	nix: Water				
Parameters	Results Units	Report Limit	DF Prepared	ву	Analyzed	Ву	CAS No.	Qual	RegLm
Wet Chemistry						,			
160,2 Total Suspended Solids	Αn	alytical Method: EP/	A 160.2						
Total Suspended Solids	120 mg/L	5.0	1		10/18/05 09:23	MR1			
HEM. Oil and Grease	An	stytical Method: EP/	1664A						
Oil and Grease	17.8 mg/L	5.0	1		10/21/05 00:00	AJM			
Motals									
200.7 MET ICP	Pre	paration Method: E	PA 200.7	,					
	An	alytical Method: EP/	200.7						
Silver	14.9 ug/L	7,0	1 10/17/05 00:0	0 SYW	10/19/05 10:47	TJG	7440-22-4		
Wet Chemistry									
105.1 800, 5 day	Pn	paration Method: E	PA 405.1						
.!	An	alytical Method; EP	405.1						
BOD, 5 day	162 mg/L	2.0	1 10/14/05 08:0	8 MR1	10/19/05 14:54	MR1			
410.4 COD	An	alytical Method: EP/	410.4						
Chemical Oxygen Demand	217 mg/L	50,0	5		10/20/05 00:00	MLA			
GC/MS Volatiles									
624 Volatile Organics LowLevel	An	alytical Method; EP	4 624 Low						
Chloroform LP	1.4 ug/L	1.0	1		10/18/05 17:28	AEP	67-66-3		
Methylene chloride	NO ug/L	1.6	1		10/18/05 17:28	AEP	75-09-2		
4-Bromofluorobenzena (S)	101 %	86-116	1		10/18/05 17:28		460-00-4		
Dibromofluoromethane (S)	102 %	86-118	1		10/18/05 17:28		1868-53-7		
Toluene-de (S)	97 %	88-110	1		10/18/05 17:28		2037-28-5		
1,2-Dichloroethane-d4 (S) Preservation pH	101 % 2.0	<b>80</b> -120	1 1		10/18/05 17:28 10/18/05 17:28		17060-07-0		
GC/MS Semiyolatiles									
625 MSSV	Pre	paration Method: E	PA 625						
	- An	alytical Method; EP/	\ <b>62</b> 5						
Phenol (KP)	ND DOL	5,0	1 10/18/05 00:0	MACIL C	10/21/05 21:43	, MAF	108-96-2		
Nitrobenzene-d5 (S)	70 %	50-110	1 10/18/05 00:0		10/21/05 21:43		4165-80-0		

REPORT OF LABORATORY ANALYSIS

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#### **ANALYTICAL RESULTS**

Project:

60755

Date: 11/14/2005

Project ID: MMA/SLUH 004/002/004

The results are reported as received by the laboratory.

Lab ID: 50755002	Date	Collected: 10	12/05 12:20	Ma	ıbix: Water				
Sample ID: SLUH 002	Date	Received: 10	13/05 09:15						
Parameters	Results Units	Report Limit	DF Prepared	Ву	Analyzed	Ву	CAS No.	Qual	RegLn
Wet Chemistry							-,		
160.2 Total Suspended Solids	Ana	lytical Method: EP	A 160.2						
Yotal Suspended Solids	112 mg/L	5.0	1		10/18/05 09:06	MR1			
HEM, Oil and Greese	Ana	lylical Method: EP.	A 1664A						
Oll and Grease	20.4 mg/L	5.0	1		10/21/05 00:00	AJM			
Metals									
200.7 MET ICP	Pre	peration Method: E	PA 200.7						
	Ana	lytical Method: EP	A 200.7						
Silver	NO n₫/c	7.0	1 10/17/05	00:00 SYW	10/19/05 10:51	TJG	7440-22-4		
Wet Chemistry									
95.1 BOD, 5 day	Prej	peration Method: E	PA 405.1						
•	Ans	lytical Mathod: EP	<b>^ 405.1</b>						
BOD, 5 day	144 mg/L	2.0	1 10/14/05	08:25 MR1	10/19/05 15:01	MR1			
410.4 COD	Ana	Mical Method: EP	<b>410,4</b>						
Chemical Oxygen Demand	339 mg/L	20.0	2		10/20/05 00:00	AJM		3	
GC/MS Volatites									
624 Volatile Organics LowLevel	Ana	lytical Method; EP/	1 624 Low						
Chlorofond	BSS ug/L	1,0	1		10/18/05 17:51	AFP	67- <del>66</del> -3		
Methylene chloride	ND ug/L	700	1		10/18/05 17:51		75-09-2		
4-Bromofluorobenzene (S)	97 %	86-115	1		10/18/05 17:51		480-00-4		
Dibromofluoromethane (S)	105 %	86-118	1		10/18/05 17:51	AEP	1868-53-7		
Toluene-d8 (S)	94 %	68-110	1		10/18/05 17:51		2037-26-5		
1.2-Okthoroethans-d4 (S)	102 %	80-120	1		10/18/05 17:51		17080-07-0		
Preservation pH	2.0		1		10/18/05 17:51	AEP	.,		
GC/MS Semivolatiles									
625 MSSV	Prep	waration Method: E	PA 625						
	Anai	ylical Method: EP/	625						
Pheno(V-P)	ND ug/L	150	1 10/18/05 0	n-nn irrui	10/21/05 22:06	MF	108-95-2		
Nitrobenzene-d5 (S)									

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### REPORT OF LABORATORY ANALYSIS

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#### **ANALYTICAL RESULTS**

Project:

60743

Project ID: SLUH 003/005

The results are reported as received by the laboratory.

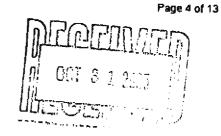
Lab ID: 60743001 Sample ID: SLUH 0034	10,10,00 1,10			M	itrix: Water				<b></b>
Parameters	Results Units	Report Limit	DF Prepared	Ву	Analyzed	Ву	CAS No.	Qual	RegLm
Wat Chemistry				***************************************				,	
160.2 Total Suspended Solids	An	alytical Method; EP	A 160.2						
Total Suspended Solids	214 mg/L	5.0	1		10/18/05 09:21	NAD 1			
HEM, Oll and Grease	An	alytical Method: EP			10/10/00 03.21	IAIL I			
Oil and Grease	6.1 mg/L	5.0	1		10/01/05 00:00	. 19.4			
405.1 BOD, 5 day	•	paration Method; E			10/21/05 00:00	AJM			
•									
800, 5 day	356 mg/L	alytical Method: EP. 2.0		NAED 4	10/19/05 14:56	MOA			
410.4 COD		llytical Method: EP,		) (MIT.)	00:F1 CO/E1/U1	MICT			
Chemical Oxygen Demand	571 mg/L	50.0	5		10/20/05 00:00	Δ 13.4			
( B Volatiles	_		·		10/20/00 00:00	WAIRI			
624 Volaffie Organics LowLevel	Ana	ilytical Method: EP/	1 624 Low						
Chloroform (Co)	10.9 401	1.0	1		10/18/05 16:41	AED	C7 CC 5		
Methylene chloride	ND ug/L	12	1		10/18/05 16:41		67-66-3 75-09-2		
4-Bromofluorobenzene (S)	99 %	86-115	1		10/18/05 16:41		460-00-4		
Dibromofluoromethane (S)	101 %	86-118	1		10/18/05 16:41		1888-53-7		
Toluene-d8 (S)	97 %	88-110	1		10/18/05 16:41		2037-26-5		
1.2-Dichloroethane-d4 (S)	96 %	80-120	1		10/18/05 18:41		17060-07-0		
Preservation pH	2.0		1		10/18/05 16:41		17000-07-0		
GC/MS Semivolatiles									
625 MSSV	Pres	paration Method: Ef	PA 625						
A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	Ahai	ytical Method: EPA	825						
Phendi (LO)	NB-ug/L	5.0		oben-s-a					
Nitrobenzene-d5 (S)	63 %	5.0 \$0-110	1 10/18/05 00:00		10/21/05 20:57		108-95-2		
2-Fluorobiphenyl (S)	71 %	41-118	1 10/18/05 00:00		10/21/05 20:57		4165-60-0		
Ferphenyl-d14 (S)	141 %	21-127	1 10/16/05 00:00		10/21/05 20:57		321-60-8		
Phenol-d6 (S)	112 %	43-110	1 10/18/05 00:00		10/21/05 20:57		1718-51-0	3	
2-Fluorophenol (S)	44 %	43-110 39-110	1 10/18/05 00:00		10/21/05 20:57		13127-88-3	2	
2.4.6-Tribromophenol (S)	65 %	•	1 10/18/05 00:00		10/21/05 20:57 J		367-12-4		
	- A 18	44-122	1 10/18/05 00:00	1DM	10/21/05 20:57 J	MF	118-79-6		

Date: 10/25/2005

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#### **ANALYTICAL RESULTS**

Project

60743

Project ID: SLUH 003/005

The results are reported as received by the laboratory.

Wat Chemistry         180.2 Total Suspended Solids         Analytical Method: EPA 160.2           Total Suspended Solids         106 mg/L         5.0         1         10/18/05 09:21 MR1           HEM. Oil and Grease         Analytical Method: EPA 1664A         01 and Grease         91.7 mg/L         5.0         1         10/21/05 00:00 AJM           405.1 BOD, 5 day         Preparation Method: EPA 405.1         Analytical Method: EPA 405.1         Analytical Method: EPA 405.1           BOD, 5 day         95.2 mg/L         2.0         1 10/14/05 08:24 MR1         10/18/05 14:57 MR1           410.4 COD         Analytical Method: EPA 410.4         Analytical Method: EPA 410.4         Analytical Method: EPA 410.4           Chemical Oxygen Demand         230 mg/L         50.0         5         10/20/05 00:00 AJM           € 8 Volatiles         824 Volatiles         Analytical Method: EPA 824 Low           Chitoroform         2.0 g/L         1.0         1         10/18/05 17:04 AEP 67-89-3           4 Bromofluorobenzene (S)         103 % 8e-115 1         10/18/05 17:04 AEP 68-9-0-4         460-00-4           Dirusene de (S)         95 % 88-110 1         1         10/18/05 17:04 AEP 68-0-0-4         2037-28-5           1-2-Dirutoroethane-ed (S)         95 % 88-110 1         1         10/18/05 17:04 AEP 60-0-0-4         2037-28-5	Lab ID: 60743002	Date	Collected; 10/	12/05 12:00	Ma	ıtrix: Water				
Wat Chemistry         180.2 Total Suspended Solids         Analytical Method: EPA 180.2           Total Suspended Solids         106 mg/L         5.0         1         10/18/05 09:21 MR1           HEM, Oil and Grease         91.7 mg/L         5.0         1         10/21/05 00:00 AJM           405.1 BOD, 5 day         Preparation Method: EPA 405.1         Analytical Method: EPA 405.1         Analytical Method: EPA 405.1           BOD, 5 day         95.2 mg/L         .0         1 10/14/05 08:24 MR1         10/18/05 14:57 MR1           410.4 COD         Analytical Method: EPA 410.4         Analytical Method: EPA 410.4         Demonstrate of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	Sample ID: (SLUH 005)	Dete	Received: 10/	13/05 09:15						
180.2 Total Suspended Solids  Total Suspended Solids  106 mg/L  5.0  1 10/18/05 09:21 MR1  10/18/05 09:21 MR1  10/18/05 09:21 MR1  10/18/05 09:21 MR1  10/18/05 09:21 MR1  10/18/05 09:21 MR1  10/18/05 09:21 MR1  10/18/05 09:21 MR1  10/18/05 09:21 MR1  10/18/05 09:20 AJM  405.1 BOD, 5 day  Preparation Method; EPA 405.1  Analytical Method; EPA 405.1  Analytical Method; EPA 405.1  410.4 COD  Analytical Method; EPA 410.4  Chemical Oxygen Demand  230 mg/L  50.0  5  10/20/05 00:00 AJM  Chemical Oxygen Demand  230 mg/L  50.0  5  10/18/05 17:04 AEP  67-66-3  75-09-2  4-Bromofuorobenizene (S)  103 % 86-115  10/18/05 17:04 AEP  75-09-2  4-Bromofuorobenizene (S)  103 % 86-115  10/18/05 17:04 AEP  75-09-2  4-Bromofuorobenizene (S)  100 % 86-118  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  75-09-2  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05	Parameters	Results Units	Report Limit	DF Prepared	Ву	Analyzed	Ву	CAS No.	Qual	RegLm
Total Suspended Solids 106 mg/L 5.0 1 10/18/05 09:21 MR1  HEM, Oil and Grease Analytical Method: EPA 1664A  Oil and Grease 91.7 mg/L 5.0 1 10/21/05 00:00 AJM  405.1 BOD, 5 day Preparation Method: EPA 405.1  Analytical Method: EPA 405.1  BOD, 5 day 95.2 mg/L 2.0 1 10/14/05 08:24 MR1 10/18/05 14:57 MR1  410.4 COD Analytical Method: EPA 410.4  Chemical Oxygen Demand 230 mg/L 50.0 5 10/20/05 00:00 AJM  C 8 Volatiles  824 Volatiles  824 Volatiles  PARTICOMORMONE (S) 103 % 86-115 1 10/18/05 17:04 AEP 67-86-3 MR1 10/18/05 17:04 AEP 460-00-4 Dibromofiluoromethane (S) 100 % 86-115 1 10/18/05 17:04 AEP 460-00-4 Dibromofiluoromethane (S) 100 % 86-116 1 10/18/05 17:04 AEP 2037-28-5 Totiusna-88 (S) 96 % 88-110 1 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 188-53-7 Totiusna-88 (S) 97 % 80-120 1 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/18/05 17:04 AEP 2037-28-5 10/	Wet Chemistry									
HEM, Oil and Grease  Analytical Method; EPA 1664A  Oil and Grease  91.7 mg/L  5.0  1  10/21/05 00:00 AJM  Preparation Method; EPA 405.1  Analytical Method; EPA 405.1  BOD, 5 day  95.2 mg/L  2.0  1 10/14/05 08:24 MR1  10/18/05 14:57 MR1  410.4 COD  Analytical Method; EPA 410.4  Chemical Oxygen Demand  230 mg/L  50.0  5  10/20/05 00:00 AJM  C & Volatiles  824 Volatile Organics Low-Level  Chiloroform  22. ug/L  1.0  1 0/18/05 17:04 AEP  Analytical Method; EPA 824 Low  Chiloroform  22. ug/L  1.0  1 0/18/05 17:04 AEP  75-09-2  4-Bromofluoromethane (S)  103 %  86-115  1 0/18/05 17:04 AEP  75-09-2  4-Bromofluoromethane (S)  103 %  86-115  1 0/18/05 17:04 AEP  75-09-2  4-Bromofluoromethane (S)  100 %  96-118  1 0/18/05 17:04 AEP  75-09-2  4-Bromofluoromethane (S)  100 %  96-118  1 0/18/05 17:04 AEP  75-09-2  12-Oirolforoethane-04 (S)  97 %  90-120  1 10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  75-09-2  12-Oirolforoethane-04 (S)  97 %  90-120  1 10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP	180.2 Total Suspended Solids	Anı	olytical Method: EP	A 160.2						
Oil and Grasse 91.7 mg/L 5.0 1 10/21/05 00:00 AJM  405.1 BOD, 5 day Preparation Method; EPA 405.1  Analytical Method; EPA 405.1  BOD, 5 day 95.2 mg/L 2.0 1 10/14/05 08:24 MR1 10/19/05 14:57 MR1  410.4 COD Analytical Method; EPA 410.4  Chemical Oxygen Demand 230 mg/L 50.0 5 10/20/05 00:00 AJM  C 8 Volatiles  824 Volatile Organics LowLevel Analytical Method; EPA 624 Low  Chloroform 22.ug/L 1.0 1 10/18/05 17:04 AEP 67-86-3  Methylane chloridg About 10/18/05 17:04 AEP 75-09-2  4-Bromofibrorobenzene (S) 103 % 86-118 1 10/18/05 17:04 AEP 1888-53-7  Tolusna-88 (S) 96 % 88-110 1 10/18/05 17:04 AEP 1888-53-7  Tolusna-84 (S) 97 % 80-120 1 10/18/05 17:04 AEP 1888-53-7  Tolusna-84 (S) 97 % 80-120 1 10/18/05 17:04 AEP 1888-53-7  Preservation pH 2.0 1 10/18/05 17:04 AEP 17080-07-0  GC/MS Semivolatiles  625 MSSV Preparation Method; EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Anal	Total Suspended Solids	106 mg/L	5.0	1		10/18/05 09:21	MR1			
405.1 BOD, 5 day  Preparation Method; EPA 405.1  Analytical Method; EPA 405.1  BOD, 5 day  95.2 mg/L  2.0  1 10/14/05 08:24 MR1  10/18/05 14:57 MR1  410.4 COD  Analytical Method; EPA 410.4  Chemical Oxygen Demand  230 mg/L  50.0  5  10/20/05 00:00  AJM  C B Volatiles  624 Volatile Organics LowLevel  Chloroform  Methylene chloride  ND ug/L  4Bromofluoromethane (S)  103 %  88-115  10/18/05 17:04  AEP  75-09-2  460-00-4  Dibromofluoromethane (S)  100 %  86-118  10/18/05 17:04  AEP  75-09-2  460-00-4  10/18/05 17:04  AEP  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  75-09-2  7	HEM, Oil and Grease	Ana	alytical Method: EP	A 1664A		•				
Analytical Method: EPA 405.1  BOD, 5 day  95.2 mg/L  2.0 1 10/14/05 08:24 MR1 10/18/05 14:57 MR1  410.4 COD  Analytical Method: EPA 410.4  Chemical Oxygen Demand  230 mg/L  50.0 5 10/20/05 00:00 AJM  C B Volatiles  824 Volatile Organics LowLevel  Chloroform  Methylene chloride  ND ug/L  4Bromofluoromethane (S)  100 % 86-118 1 10/18/05 17:04 AEP 86-0-0-4  10/18/05 17:04 AEP 1886-53-7  Toluena-08 (S)  96 % 88-110 1 10/18/05 17:04 AEP 1886-53-7  Toluena-08 (S)  97 % 80-120 1 10/18/05 17:04 AEP 17060-07-0  Preservation pH  2.0 1 10/18/05 17:04 AEP 17060-07-0  Preparation Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825  Analytical Method: EPA 825	Oil and Grease	91,7 mg/L	5.0	1		10/21/05 00:00	) AJM			
90D, 5 day 95.2 mg/L 2.0 1 10/14/05 08:24 MR1 10/19/05 14:57 MR1 410.4 COD Analytical Method: EPA 410.4  Chemical Oxygen Demand 230 mg/L 50.0 5 10/20/05 00:00 AJM  C B Volatiles 824 Volatiles 824 Volatile Organics LowLevel Analytical Method: EPA 624 Low  Chitoroform 2.2 ug/L 1.0 1 10/18/05 17:04 AEP 87-68-3 Methylane chloride ND ug/L 4-Bromofluorobenzene (S) 103 % 86-115 1 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AEP 10/18/05 17:04 AE	405.1 BOD, 5 day	Pre	paration Method; S	PA 405.1						
90D, 5 day 95.2 mg/L 2.0 1 10/14/05 08:24 MR1 10/18/05 14:57 MR1 410.4 COD Analytical Method: EPA 410.4  Chemical Oxygen Demand 230 mg/L 50.0 5 10/20/05 00:00 AJM  C B Volatiles 824 Volatiles 824 Volatile Organics LowLevel Analytical Method: EPA 624 Low  Chitoroform 2.2 ug/L 1.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04 AEP ND ug/L 4.0 1 10/18/05 17:04		Ana	ilytical Melhod; EP/	A 405.1						
Chemical Oxygen Demand 230 mg/L 50.0 5 10/20/05 00:00 AJM  C B Volatiles  624 Volatile Organics LowLevel Analytical Method: EPA 624 Low  Chloroform 2.2 ug/L 1.0 1 10/18/05 17:04 AEP 67-66-3  Methylene chloride P ND ug/L 10/18/05 17:04 AEP 75-09-2  4-Bromofluoromethane (S) 10.3 % 88-115 1 10/18/05 17:04 AEP 75-09-2  4-Bromofluoromethane (S) 10.0 % 66-118 1 10/18/05 17:04 AEP 460-00-4  Dibromofluoromethane (S) 96 % 88-110 1 10/18/05 17:04 AEP 2037-28-5  1.2-Dichloroethane-04 (S) 97 % 60-120 1 10/18/05 17:04 AEP 2037-28-5  1.2-Dichloroethane-04 (S) 97 % 60-120 1 10/18/05 17:04 AEP 17060-07-0  Preservation pH 2.0 1 10/18/05 17:04 AEP 17060-07-0  GC/MS Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot P S S S S S S S S S S S S S S S S S S	90D, 5 day				4 MR1	10/19/05 14:57	MR1			
624 Volatiles 624 Volatile Organics LowLevel  Analytical Method: EPA 624 Low  Chloroform  2.2 Lg/L  1.0  1  10/18/05 17:04 AEP  87-68-3  Methylene chloride  Phomofluorobenzene (S)  103 %  88-115  1  10/18/05 17:04 AEP  460-00-4  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AEP  10/18/05 17:04 AE	410.4 COD	Ana	ilytical Method: EP/	¥ 410.4						
### Analytical Method: EPA 624 Low  Chloroform    2.2 ug/L	Chemical Oxygen Demand	230 mg/L	50.0	5		10/20/05 00:00	MLA I			
Chloroform  2.2 ug/L  1.0 1  10/18/05 17:04 AEP 67-66-3  Methylene chloride  ND ug/L  4. Bromofluorobenzene (S)  103 % 86-115 1  10/18/05 17:04 AEP 75-09-2  4. Bromofluorobenzene (S)  100 % 86-118 1  10/18/05 17:04 AEP 460-00-4  Dibromofluoromethane (S)  100 % 86-118 1  10/18/05 17:04 AEP 1888-53-7  Toluene-08 (S)  96 % 88-110 1  10/18/05 17:04 AEP 2037-28-5  1,2-Dichloroethane-04 (S)  97 % 60-120 1  10/18/05 17:04 AEP 17080-07-0  Preservation pH  2.0 1  10/18/05 17:04 AEP 17080-07-0  Preservation pH  2.0 1  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/18/05 17:04 AEP 17080-07-0  10/	C B Volatiles									
Methylene chloride ND ug/L 10/18/05 17:04 AEP 75-09-2 4-Bromofluorobenzene (S) 103 % 88-115 1 10/18/05 17:04 AEP 460-00-4 Dibromofluoromethane (S) 100 % 86-118 1 10/18/05 17:04 AEP 1868-53-7 Toluene-08 (S) 96 % 88-110 1 10/18/05 17:04 AEP 1868-53-7 Toluene-08 (S) 97 % 80-120 1 10/18/05 17:04 AEP 2037-28-5 1,2-Dichloroethane-d4 (S) 97 % 80-120 1 10/18/05 17:04 AEP 17080-07-0 Preservation pt 2.0 1 10/18/05 17:04 AEP 17080-07-0  GC/MS Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  626 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot Semivolatiles  627 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analytical Method: EPA 625  Analy	624 Volatile Organics LowLevel	Ana	lytical Method: EPA	4 624 Low						
Methylane chloride  ND ug/L 4-Bromofluorobenzene (S) 103 % 86-115 1 10/18/05 17:04 AEP 75-09-2 4-Bromofluoromethane (S) 100 % 86-118 1 10/18/05 17:04 AEP 1888-53-7 Toluene-d8 (S) 100 % 86-118 1 10/18/05 17:04 AEP 1888-53-7 Toluene-d8 (S) 1-2-Dichloroethane-d4 (S) 97 % 80-120 1 10/18/05 17:04 AEP 2037-28-5 1-2-Dichloroethane-d4 (S) 97 % 80-120 1 10/18/05 17:04 AEP 17060-07-0  Preservation pH 2.0  Preparation Method: EPA 625  Phenotopy  By 4 ug/L 25.0 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 108-95-2 Analytical Method: EPA 625  Phenotopy  By 4 ug/L 25.0 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 108-95-2 Analytical Method: EPA 625  Prephenyl-d14 (S) 151 % 21-127 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 321-60-8 Terphenyl-d14 (S) 151 % 21-127 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 13127-88-3 1 13127-88-3 1 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 1367-12-4	1	2.2 49/1	1,0	1		10/18/05 17:04	AEP	67-66-3		
Dibromofluoromethane (S) 100 % 86-118 1 10/18/05 17:04 AEP 1888-53-7 Toluene-08 (S) 96 % 88-110 1 10/18/05 17:04 AEP 2037-28-5 1,2-Dichloroethane-d4 (S) 97 % 80-120 1 10/18/05 17:04 AEP 17060-07-0 Preservation pH 2.0 1 10/18/05 17:04 AEP 17060-07-0  GC/MS Semivolatiles  625 MSSV Preparation Method: EPA 625  Analytical Method: EPA 625  Pheno (S) 84 % 50-110 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 4185-60-0 2-Fluorobliphenyl (S) 103 % 41-118 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 321-60-8 Terphenyl-d14 (S) 151 % 21-127 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 718-51-0 3 Phenol-d6 (S) 116 % 43-110 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 1718-51-0 3 2-Fluorophanol (S) 82 % 39-110 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 31127-88-3 1 2-Fluorophanol (S) 82 % 39-110 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 367-12-4		•	7.0	1		10/18/05 17:04	AEP			
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Preparation Method: EPA 625  Analytical Method: EPA 625  Phenot	rreservanon pH	2.0		1		10/18/05 17:04	AEP			
Analytical Method: EPA 625  Phenot Solution   25.0   1 10/18/05 00:00 JDM   10/21/05 21:20 JMF   108-95-2   Nitroberizene-d5 (S)   84 %   50-110   1 10/18/05 00:00 JDM   10/21/05 21:20 JMF   4185-60-0   2-Fluorobliphenyl (S)   103 %   41-118   1 10/18/05 00:00 JDM   10/21/05 21:20 JMF   321-60-8   151 %   21-127   1 10/18/05 00:00 JDM   10/21/05 21:20 JMF   1718-51-0 3   2-Fluorophenol (S)   116 %   43-110   1 10/18/05 00:00 JDM   10/21/05 21:20 JMF   13127-88-3 1   2-4 fb-Tithromonthonol (S)   82 %   39-110   1 10/18/05 00:00 JDM   10/21/05 21:20 JMF   367-12-4	GC/MS Semivolatiles									
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2-Fluoroblphenyl (S) 103 % 41-118 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 321-60-8 Terphenyl-d14 (S) 151 % 21-127 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 3718-51-0 3 Phenol-d6 (S) 116 % 43-110 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 13127-88-3 1 2-4 fb-Tdtromonthenol (S) 82 % 39-110 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 367-12-4			50-110							
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2-Fluorophenol (S) 82 % 39-110 1 10/18/05 00:00 JDM 10/21/05 21:20 JMF 367-12-4		116 %	43-110						-	
4 B-Tribramanhanal (C)		82 %	39-110						•	
	!.4.6-Tribromophenol (S)	81 %	44-122					118-79-8		

Date: 10/25/2005

Page 5 of 13

### REPORT OF LABORATORY ANALYSIS-

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Page 1

## METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE				USER SELF	MONTIO	PERMIT N		41121951-00
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	ollect	ed byMe					iation 3	OCT/DEC 14-966-1006
PART II	ANALY	TICAL RESU	JLTS 0	F SELF MON	NITORING			====
MSD SAMPL	E POIN	T	#	<b>V</b> 001	#	/002	#	003
SAMPLING	DATES			08-31-	-05	08-31-	05	08-31-05
FLOW (	GPD)	E/M	~ ~ ~ ~ ~ ~ ~ ~	92,000	EST.	56,000	EST.	5,000 EST.
PARAMETER	G/	C LIMIT		ANALY	TICAL R	ESULTS		
TEMP	C g	6000	* =	28.9	9	30.0		23.3
PH	g	5.5 TO 11	1.5	6.0	>	6.0		6.5
BOD	С	300 r	ng/l	156	mg/l	188	mg/l	682 <b>mg/</b> l
COD	C	600 r	ng/l	600	mg/l	623	mg/l	966 <b>mg/l</b>
TSS	C	350 r	mg/l	107	mg/l	107	mg/l	147 mg/l
OIL/G	iR g	200 r	ng/l	18.8	mg/l	25.5	mg/l	< 5.0 <b>mg/l</b>
cd	C		ng/l		mg/l		mg/l	mg/l
CY	C		ng/l		mg/l		mg/l	mg/l
cu	c	1	mg/1		mg/l		mg/l	mg/l
pb	C	ľ	mg/l		mg/l		mg/l	mg/l
ni	C	(	ng/l		mg/l		mg/l	mg/l
ag	C	0.5	ng/l	< 0.00	7mg/l	( 0.007	mg/l	mg/l
zn	c	1	mg/l		mg/l	100 100 100 100 100 100 100 100 100 100	mg/l	mg/l
cn-T	g		mg/l		mg/l	REC	F _g /YE	D mg/l
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many many many value space social social states state	are was 1000 1007 1070 1070		mg/l		mg/l	EMALUOMAIL		mg/l
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PART I	##:	SPECIAL	CERTIFICATION STA	\TEMENTS		
permit an	nd PLACE '	YOUR INITIA	ALS IN THE BOXES NEXT	TO THOSE CERTIFICATION		ne following. Please review you LE TO YOUR FACILITY. If you IV.
<b>A</b> .	If your per		conditions waive monitorin	g at any sample point(s) s	pecified in your permit, you an	e required to make the following
	5			ring report, there has been	no change in the character of th	e wastes discharged at samplin
В.	are require	ed to make t	the following certification:			ample points in your permit, yo
	1 1		the last discharge monito points which are not specificated and the second second are not specificated as the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	no change in the character of v	vastes discharged at those activ
<b>c.</b>		certify, since		nere nas been no change i		e the following certification: nts identified as inactive. Thes
D.		mit special o	_	ample collection in lieu of c	composite sampling at any sam	nple point(s), you are required t
		certify the	grab sample results in this	report accurately represen	it our average daily discharge	at sample point(s)
		ndede melilenneredi siffii fillinde	MATERIAL PROTECTION STATE	• 7		And the second second
E.	to make th	e following	certification:		-7	nent standards, you are required
		itandards in			en no discharge of wastes wi	inch are subject to pretreatment
F.	at the Pha	maceutical	sample point(s) subject to	the following certification:		and monitoring for Yotal Cyanide
	4 5	-	e the last discharge monito ject to Categorical Standar	-	t been used or generated in an	y pharmaceutical manufacturing
G.	Componer	ts (40 CFR	_	om TTO monitoring only a		433) or Electrical & Electronic ishing or Electronic
		Besed on my organics (TT vastowaters	y inquiry of the person or pe (O), I certify that, to the I	rsons directly responsible frost of my knowledge and a last discharge monitoring	1 belief, no dumping of conce	he permit limitation for total toxic entrated toxic organics into the facility is implementing the toxic
PART N	V: (	<b>SENERAL</b>	. CERTIFICATION ST	ATEMENTS		
initial the	box for sta	tement A if	it applies to you. Everyon	e must complete the info	ormation under statement B	and sign this report.
A.					•	pject to the following certification:
						of my knowledge and belief, no last discharge monitoring report
В.	DISCHAR	BE MONITO	ORING REPORT CERTIFIC	ATION		
designed who mans and belief	to assure t age the sys , true, accu	hat qualified tem, or those	t personnel properly gather e persons directly responsi implete. I am aware that th	r and evaluate the informat ble for gathering the informa	tion submitted. Based on my ation, the information submitted	on in accordance with a system inquiry of the person or person it is, to the best of my knowledge in, including the possibility of fine
Print or ty	pe name o	f signing off	Acial: TimoThy	w. Hell		
Titte: 1	1. Low	- strat	os Ollicion		Telephone: 3/4-57	7-8070
Signature:	<u> Dura</u>	19-11	<u> </u>		Date: 7/26/05	

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST, LOUIS UNIVERSITY HOSPITAL 3635 VISTA AVE.

**PERMIT NUMBER** 41121951-00

PART II ANALYTICAL RESULTS OF SELF MONITORING  MSD SAMPLE POINT # 004 # 005 #  SAMPLING DATES 08-31-05  FLOW (GPD) E/M 936 EST. 5,000 EST.  PARAMETER G/C LIMIT ANALYTICAL RESULTS  TEMP C g 60@C. 24.4  PH g 5.5 TO 11.5 6.5  BOD c 300 mg/l mg/l 347 mg/l m  COD c 600 mg/l mg/l 733 mg/l m  TSS c 350 mg/l mg/l 256 mg/l m  OIL/GR g 200 mg/l mg/l 58.2 mg/l m	TEMP PH BOD COD TSS OIL/G	C g g 5 c c GR g	H g 5.5 TO  DD c 30  DD c 60  GS c 35  IL/GR g 20	00 mg/l 00 mg/l 00 mg/l 00 mg/l	mg/l mg/l	733 <b>mg/l</b> 256 <b>mg/l</b> 58.2 <b>mg/l</b>	mg/l mg/l mg/l mg/l
PART II ANALYTICAL RESULTS OF SELF MONITORING  MSD SAMPLE POINT # 004 # 005 #  SAMPLING DATES	TEMP PH BOD COD	C g 5	9 5.5 TO  DD c 30  DD c 60  SS c 35	00 mg/l 00 mg/l	mg/l	733 <b>mg/l</b> 256 <b>mg/l</b>	mg/l mg/l
PART II ANALYTICAL RESULTS OF SELF MONITORING  MSD SAMPLE POINT # 004 # 005 #  SAMPLING DATES 08-31-05 08-31-05  FLOW (GPD) E/M 936 EST. 5,000 EST.  PARAMETER G/C LIMIT ANALYTICAL RESULTS  TEMP C g 60@C. 1005 016 24.4  PH g 5.5 TO 11.5 6.5  BOD c 300 mg/l mg/l 347 mg/l m	TEMP PH BOD	C g 5	H g 5.5 TO	00 mg/l	The street street storet storet storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notice storet notic	and water rater value which value taker taker made taken other value dates which value water rates	addrated their sent task term term ster term term term term seen seen teles
PART II ANALYTICAL RESULTS OF SELF MONITORING  MSD SAMPLE POINT # 004 # 005 #  SAMPLING DATES 08-31-05  FLOW (GPD) E/M 936 EST. 5,000 EST.  PARAMETER G/C LIMIT ANALYTICAL RESULTS  TEMP C g 60@C. (Cmos (OK) 24.4  PH g 5.5 TO 11.5 6.5	TEMP PH	C g 5	d g 5.5 TO	) II.5 	ma/1	347 ma/l	ma/1
PART II ANALYTICAL RESULTS OF SELF MONITORING  MSD SAMPLE POINT # 004 # 005 #  SAMPLING DATES 08-31-05  FLOW (GPD) E/M 936 EST. 5,000 EST.  PARAMETER G/C LIMIT ANALYTICAL RESULTS  TEMP C g 60@C. (COS) (OK) 24.4			EMP C g 6		76	and relate letter return retail retain retail beland retain retain retain details cauther letter retail retail	
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Samples analyzed by PACE ANALYTICAL SERVICES, INC.	Samples a PART II				Suite same same same suite same same same same some timbe today later some ti		
ST. LOUIS, MO. 63110  MONITORING PERIOD JAN/MAR APR/JUN X JUL/SEP OCT/DE Samples collected byMetropolitan Manufacturers' Association 314-966-10	Samples c		es analyzed by	PACE ANAL	F MONITORING  004 #	CES, INC.	

PART I	111:	SPECIAL CERTIFICATION STATEMENTS
permit ar	IN PLACE	cial conditions contained in your discharge permit you may be required to cartify one or more of the following. Please review your YOUR INITIALS, IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.
A.	If your po	emit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
	74	l certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.		ermit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you ired to make the following certification:
		I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your po	ermit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.		ermit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to sollowing certification:
		I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.		rmit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required the following certification:
		I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
<b>F.</b>	_	es subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide narmaceutical sample point(s) subject to the following certification:  I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Compone	es Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic ents (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrical & Electronic ents sample point(s) subject to the following certification:
		Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the test discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART I	V:	GENERAL CERTIFICATION STATEMENTS
Initial the	box for s	tatement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b> .	Discharge	es at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
<b>8</b> .	DISCHA	RGE MONITORING REPORT CERTIFICATION
designed who mans and belief	to assure age the sy f, true, acc	If y of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons stem, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge curate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine for knowing violations.
Print or ty	/pe name	of signing official: Troothy w. H. U
Title: (	(ding	of signing official: Troothy w. Hru  Structor already Telephone: 314-577-8070  Telephone: 9-26-09
Signature	: <u> </u>	Til mille Date: 9-2609

2

SMF 10/93



#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART	ONE
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ST. LOUIS UNIVERSITY HOSPITAL

PERMIT NUMBER

41121951-00

ST. LOU MONITORING Samples co Samples ar	PERIOD bllected b	yMetropol	R X APR/JUN itan Manufacturen ANALYTICAL SERV	rs' Association 3	OCT/DEC 314-966-1006
PART II	ANALYTICA	L RESULTS OF	SELF MONITORING		
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•	SPD) E/M		92,000 EST.	56,000 EST.	5,000 EST.
PARAMETER		LIMIT	ANALYTICAL R	ESULTS	
TEMP C	9	60@C.	25.6	26.7	23.9
PH	9 5.5	TO 11.5	6.5	6.5	6.0
BOD	C	300 mg/l	171 mg/l	168 <b>mg/l</b>	182 <b>mg/l</b>
COD	C	600 mg/l	305 <b>mg/l</b>	305 <b>mg/l</b>	305 <b>mg/l</b>
TSS	c	350 mg/l	202 <b>mg/l</b>	162 <b>mg/l</b>	215 <b>mg/l</b>
OIL/GF	 R g	200 mg/l	13.9 <b>mg/l</b>	23.8 <b>mg/l</b>	16.6 <b>mg/l</b>
cď	c	mg/l	mg/l	mg/l	mg/l
cr	C	mg/l	mg/l	mg/1	mg/1
cu	с	mg/l	mg/l	mg/l	mg/l
рb	C	mg/l	mg/l	mg/l	mg/l
ni		mg/l	mg/l	mg/l	mg/l
ag	c	0.5 <b>mg/l</b>	< 0.007mg/l	< 0.007 mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/1
cn-T	g	mg/1	mg/l	~~ <b>%</b>	EN K B Qavı
cn-A	g	mg/l	mg/l	mg/1	mg/1
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permit a	and PLACE	YOUR INITI	ALS IN THE BO	DXES NEXT TO	ermit you may be re THOSE CERTIFICA ations in PART III	TIONS WHIC	H ARE APPL	ICABLE TO	ring. Please review YOUR FACILITY. I	r yo f you
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	7		e the last disch	arge monitoring r -	eport, there has be	en no change i	in the characte	r of the waste	s discharged at sam	nptin
В	are require	ed to make	the following ce	ertification:					oints in your permit	•
		connection	e the last dischipoints which are	arge monitoring r e not specified in	eport, there has be my permit	en no change	in the characte	or of wastes di	scharged at those a	<b>activ</b>
<b>c</b> . '		certify, sind	e the permit is	sue date, there	nactive connection has been no chang curred during the p	e in the status	of connection	n points ident	owing certification: ified as inactive. T	hes
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F.	at the Phu	rmaceutical certify, sinc	sample point(s the last dischi	) subject to the f	ollowing certificatio aport, cyanide has	n:	•		itoring for Total Cya	
<b>G</b> .	Component B	its (40 CFR its sample p sused on my organics (TT vastowaters	469) can be e cint(s) subject inquiry of the p O), I certify the pass occurred as	xempted from T to the following of erson or persons at, to the best of	TO monitoring only pertification: a directly responsibil of my knowledge a discharge monitori	at the Electric e for managing and belief, no	oplating, Moti g compliance dumping of	al Finishing or with the permit concentrated	Electrical & Electrical & Electrical & Electrical timitation for total total total configuration into a implementing the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first	renic toxic the
PART I	V: G	BENERAL	CERTIFICA	110N STATE	MENTS	*1				
Initial the	box for stat	tement A if i	t applies to you	ı. Everyone mu	st complete the l	nformation us	nder stateme	nt B and sign	this report.	
<b>A</b> .	lr	n lieu of mo:	iltoring for TTO	at sample point	(8)	, I cert	lify that to the	best of my kr	e following certificat nowledge and beliet harge monitoring re	f, nc
<b>B</b> .	DISCHARG	E MONITO	RING REPORT	CERTIFICATIO	N					
designed who man and belief and impri	to assure the age the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system o	hat qualified em, or those rate, and cor r knowing vi	personnel prop persons direct npiete. I am av plations.	perly gather and ity responsible for ware that there ar	evaluate the inform gathering the inform significant penalt	nation submitte mation, the int ies for submitti	ed. Based or formation sub ing false infor	my inquiry of mitted is, to the nation, includi	cordance with a sys f the person or pers e best of my knowled ng the possibility of	sons edge
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#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

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3635 VISTA A			PERMIT NUMBER	41121951-00
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PART II ANALY	TICAL RESULTS C	F SELF MONITORIN	vg	
MSD SAMPLE POIN		004 #	005 #	
SAMPLING DATES	. 1007 1994 1994 1995 1995 1995 1995 1995 1996 1996 1996	05-16-05	05-16-05	
FLOW (GPD)	E/M	936 ES <b>T.</b>	5,000 EST.	
PARAMETER G/	C LIMIT	ANALYTICAL	RESULTS	200 W. Sai and Mar 200 100 100 100 100 100 100 100 100 100
TEMP C g	60 <b>0</b> C.	20.0	20.0	W W W W W W W W W W W W W W W W W W W
PH g	5.5 TO 11.5	5.5	6.0	
BOD c	300 mg/l	mg/l	712 <b>mg/l</b>	mg/l
COD c	600 mg/l	61.4 <b>mg/l</b>	506 <b>mg/l</b>	mg/l
TSS c	350 mg/l	33.0 <b>mg/l</b>	245 <b>mg/l</b>	mg/l
OIL/GR g	200 mg/l	mg/l	6.30 <b>mg/l</b>	mg/l
cd c	mg/l	mg/l	mg/l	mg/1
cr c	mg/l	mg/1	mg/l	mg/1
cu c	mg/l	mg/l	mg/1	mg/l
pb c	mg/1	mg/l	mg/l	mg/1
ni c	mg/l	mg/l	mg/l	mg/l
ag c	mg/l	mg/l	mg/l	mg/l
zn c	mg/l	mg/l	mg/l	mg/1
cn-T g	mg/l	mg/l	mg/l	mg/l
cn-A g	mg/l	mg/l	mg/l	mg/l
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SPECIAL CERTIFICATION STATEMENTS

permit a	IND PLAC	E YOUR INI	TIALS IN THE E	OXES NEXT TO	ermit you may be requ THOSE CERTIFICAT ations in PART III a	ONS WHICH AF	RE APPLICABLE T	lowing. Please review you O YOUR FACILITY. If you
A.	If your certifica		al conditions wa	ive monitoring at	any sample point(s) :	peofied in your	permit, you are req	uired to make the following
			nce the last disc	harge monitoring i	report, there has been	no change in the	character of the wa	stes discharged at sampling
В.		juired to mak	e the following (	certification:			*	points in your permit, you
				harge monitoring in the not specified in		no change in the	character of waster	s discharged at those active
C.	If your	I certify, si	ince the permit i	issue date, there		in the status of d	connection points id	following certification: entified as inactive. These
<b>D</b>		permit specia		horize grab sampl	e collection in lieu of	composite sampi	ing at any sample ρ	oint(s), you are required to
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E.			conditions prohi	ibit discharge of w	astes which are subjec	d to certain categ	orical pretreatment :	standards, you are required
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PART I				AIION STATE				
					et complete the inf			· ·
<b>4</b> .	Dischar	In lieu of m	onitoring for TT	O at sample point	(8)	, I certify th	at to the best of my	othe following certification: r knowledge and belief, no ischarge monitoring report.
3,	DISCHA	RGE MONN	ORING REPOR	RT CERTIFICATION	N			
designed who mand and belief and impri	to assur age the s f, true, ac sonment	e that qualific system, or the courate, and o for knowing	ed personnel pro se persons dire complete. I am a violations.	operly gather and city responsible fo sware that there a	evaluate the informa r gathering the inform re significant penalties	tion submitted. I ation, the informa a for submitting fa	Based on my inquiry ition submitted is, to lise information, incl	accordance with a system y of the person or persons the best of my knowledge uding the possibility of fine
itte: <u>O</u> d	إدعاد	~6 <u>56</u>	NICES	DIRECTOR		Telephone:	314-577-	8070
ignature	1	TG	uffel	2	anner udan Maran dia Mandalan penggan (1880).	Date:	7-8-05	
					•			C3.4F 10.003

Jec.



SAINT LOUIS UNIVERSITY

July 14, 2005

1402 South Grand Blvd.St. Louis, MO 63104-1085

Fax: 314-977-5560

Health Sciences Center Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period April - June 2005

#### Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Philip Van Cleave (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by our office) will be incorporated in the report filed with your office by Cardinal Glennon Hospital. Consequently, there is no report included for Cardinal Glennon Hospital with this letter.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

JUL 18 2005

DIVISION OF FNVIRONMENTAL COMPLIANCE

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

#### PART I: **IDENTIFYING INFORMATION**

Company Name: Saint Bania Binhersity Health Sciences Center; Mindient School-

Permit No:

Premise No:

3555 Vista Avenue / 1402 South Grand Boulevard, 63104

Reporting Period:

□(JAN-MAR)

(APR-JUNE)

C(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
	AND AND AND AND AND AND AND AND AND AND
TOTAL ACTIVITY DISCHARGED:	0
CERTIFICATION STATEMENTS	RE(
initials in the how under item A	JU

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Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

JUL 10 4

DIVISION OF

CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS ENVIRONMENTAL COMPLIANCE A.



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report,

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting

laise information, including the possibility of line and imprisonme	ant for knowing violations.
Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896
Signature: Ven Ferguson	Dete:7/(4/05
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### IND

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

□(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

RECEIVED

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

JUL 18 2005

**DIVISION OF** 

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATION OF COMPLIANCE



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: <u>977-6896</u>
Signature: New Berguson	Date: 7/14/05
	• / • / •

# METROPOLITAN ST. LOUIS SEWER DISTRICT



PART ONE

ST. LOUIS UNIVERSITY HOSPITAL

PERMIT NUMBER

41121951-00

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PARI	SPECIAL CERTIFICATION STATEMENTS
permit a	n the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review you not PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If you ontains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.
A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:    certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	t certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Yotal Cyanide at the Pharmaceutical sample point(s) subject to the following certification:
	I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Motal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:
	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastowaters has occurred since fling the test discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSO.
PART I	V: GENERAL CERTIFICATION STATEMENTS
Initial the	box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b> .	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)  toxic organics have been used at this premise or discharged into the wastewaters since filling of the last discharge monitoring report.
<b>B</b> .	DISCHARGE MONITORING REPORT CERTIFICATION
designed who man and belie	nder penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge f, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine somment for knowing violations.
Print or to	pe name of signing official: Tractus HILL

______Telephone:___

2

SMF 10/93



Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

May 24, 2005

Timothy W. Hill **Building Services Director** ST. LOUIS UNIVERSITY HOSPITAL 3635 Vista Avenue P.O. Box 15250 St. Louis, MO 63110

RE:

NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41121951-00

For premise at:

3635 & 3655 Vista Avenue

Dear Mr. Hill:

Thank you for your May 12, 2005 letter advising us of the results of recent monitoring of your wastewater discharge. That letter accompanied the first quarter 2005 self-monitoring report required under the terms of the above referenced permit. The following violations of permit limitations, terms or conditions were identified:

#### **VIOLATIONS OF PERMIT TERMS/CONDITIONS:**

The report did not include results of analysis for sampling point 005. This is in violation of permit standard condition I.A.1 which requires sampling and analysis for all regulated substances at the frequencies specified. Pursuant to your permit, sampling point 005 requires monitoring and reporting on a quarterly basis.

#### REQUIRED ACTION/RESPONSE:

Submit a report of corrective actions, which you have initiated, to ensure that the sampling, analytical, and reporting requirements will be met in future reporting quarters. Please submit this response by June 20, 2005. Additionally, please monitor and report all required sampling points during second quarter 2005.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

If you have any questions, please contact me at 436-8756.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

pc: Suspense file

cc: Doug Mendoza Industry file

IND FILE

ST. LOUIS UNIVERSITY HOSPITAL

Building Services 3635 Vista at Grand ST. LOUIS, MO 63104

### #4161951-00

## facsimile transmittal

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#### Saint Louis University Hospital

3635 Vista at Grand P.O. 80x 15250 St. Louis, MO 63110 tel: 314-577.8000 www.tenethealth.com

May 23, 2005

Fabian T. Grabski
Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913

RE:

NOTICE OF PERMIT VIOLATION Discharge Permit No: 41121951-00 3635 Vista & 3655 Vista Avenue

Dear Mr. Grabski,

In regards to the self monitoring report, I am making every effort to remedy the problems with getting the reports to you in a timely manner. I sent the first quarter reports to Mr. Goodall on May 12. I realize this was late and am offering no excuses for this. However, please be assured that this should not be an issue in the future.

If you have any questions, please contact me at 314-577-8070.

Sincerely,

Timothy Hill

**Building Services Director** 

St. Louis University Hospital

ide will

From: To: Jim Goodall Fabian Grabski

Date:

5/23/2005 3:25:35 PM

Subject:

St. Louis University Hospital 44121951-00

I telephoned Tim Hill on 5/12/05 concerning the late SMR and the followup sampling for a recent NOV. He submitted the report on 5/17/05.

CC:

Doug Mendoza

#### Saint Louis University Hospital



3635 Vista at Grand P.O. Box 15250 St. Louis, MO 63110 tel: 314.577.8000 www.tenethealth.com

> James E. Goodall Environmental Engineering Associate Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, MO 63147-2913

May 12, 2005

Dear Mr. Goodall,

In response to Notice of Ordinance Violation for Account #41121951-00 at 3635 Vista Ave., we have taken steps to remedy the problem. We did not locate the source of the oil and grease found in the sample point. However, we did have the location cleaned and should not have any further instances of this high reading. We will continue to monitor closely during our quarterly testing of our wastewater.

Please let me know if there is anything else I can help you with.

Sincerely,

Timothy W. Hill

Building Services Director St. Louis University Hospital

RECEIVED

MAY 17 2005

DIVISION OF ENVIRONMENTAL COMPLIANCE



### (+) FLOWE DOS (-) SP DOS FG

### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL 3635 VISTA AVE.

PERMIT NUMBER

41121951-00

ST. LOUIS, MO.	63110		
MONITORING PERIOD Samples collected by Samples analyzed by		APR/JUN Manufacturers' LYTICAL SERVICES	OCT/DEC 314-966-1006

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COD	C		600	mg/l	217	mg/l	522	mg/l	604 <b>mg/l</b>
TSS	C		350	mg/l	131	mg/l	142	mg/l	158 <b>mg/l</b>
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initial the	box for s	tatement A if	it applies to you.	everyone must con	nplete the inform	nation under st	tatement B and sign	this report.
<b>A.</b>	Discharge	In lieu of mo	inkoring for TTO at	sample point(s)	- - 	, I certify that		following certification: owiedge and belief, no arge monitoring report.
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Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

May 11, 2005

Tim Hill
Director of Building Services
ST. LOUIS UNIVERSITY HOSPITAL
P.O. Box 15250
3635 Vista Avenue
St. Louis, MO 63110-0250

RE: NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41121951-00

For premise at: 3635 & 3655 Vista Avenue

St. Louis, MO 63110

Dear Mr. Hill:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequencies specified in the permit. The results are to be reported quarterly. Your report for first quarter was due by April 28, 2005.

#### VIOLATIONS OF PERMIT TERMS/CONDITIONS:

The first quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the first quarter's reporting requirements.

The reporting requirements of your permit also includes completing a certain certification for each quarter. Even if sampling and analytical requirements can not be met, the report should still be submitted with the applicable certification completed. The violation will then be recorded as an incomplete report rather than "no report".

#### REQUIRED ACTION/RESPONSE:

Submit the first quarter 2005 report with the applicable certification completed, any available first quarter self-monitoring data, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your first quarter report and corrective action response by May 23, 2005.

If you have any questions, please contact me at 436-8756.

Sincerely, n

METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabsk# Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza Industry file

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT



PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

P.	A	RT	III:	CERTIFIC	ATTON	STA	TEMENTS
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RECEIVED

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

APR 2 5 2005

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULENVIEWS MENTAL COMPLIANCE



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896
Signature:	Date: 4/20/05
	•



Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

April 11, 2005

Tim Hill ST LOUIS UNIVERSITY HOSPITAL 3635 Vista Ave. P.O. Box 15250 St. Louis, MO 631100250

RE: COMPOSITE COMPLIANCE MONITORING

Discharge Permit No:

4112195100

For premise at:

3635 & 3655 Vista Ave.

St. Louis, MO 63110

Dear Mr. Hill:

A recent review of submitted self-monitoring reports from permitted Significant Industrial Users has identified that several have initiated using composite sampling methodology that encompasses less than a representative composite time period. Consequently, the following guidance is offered as a reminder as to what compositing periods are acceptable to the District.

Unless specified within the permit special conditions, all pollutants requiring composite samples must "be made up by combining a minimum of four individual grab samples within a 24-hour period. The individual grabs must be adequately flow or time proportioned to ensure a composite sample that is representative of that day's discharge," per Permit General Condition A.3.c. For process operations that cover more than one shift, all shifts with wastewater discharges should be represented. For single shift operations, the sampler should, at a minimum, incorporate a 4-hour compositing period. The District 4-hour compositing guidance is prescribed to ensure that all collected composite samples are representative of the average discharge at each sampling point. As an example, a 4-hour composite sample comprised from grab samples taken at 08:00 AM, 09:00 AM, 10:00 AM, and 11:00 AM is a District acceptable 4-hour composite sample.

Accordingly, as of the date of this letter, the District will no longer accept analytical data from permitted Significant Industrial Users that is derived from composite samples taken over a compositing period of less than 4-hours, unless the permittee specifically demonstrates that a shorter composite period is representative of the wastewater discharge.

Thank you for your cooperation. If you have any questions, please contact me at 436-8756.

Sincerely,

**METROPOLITAN ST. LOUIS SEWER DISTRICT** 

Fabian T. Grabski Assistant Engineer



Office of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

March 1, 2005

Tim Hill
Director of Building Services
ST. LOUIS UNIVERSITY HOSPITAL
3635 Vista Ave.
St Louis, MO 63110

RE:

NOTICE OF ORDINANCE VIOLATIONS

MSD Account No:

41121951-00

For premise at:

3635 Vista Ave.

Dear Mr. Hill:

As we discussed during our telephone conversation on February 28, 2005, MSD personnel recently collected and analyzed samples of wastewater being discharged to the MSD system from the above premise. The following violation of MSD Ordinance 8472 was identified:

#### **VIOLATIONS OF DISCHARGE LIMITATIONS:**

	SAMP	SAMPLE				LIMIT	
DATE	TIME	PT	TYPE	<u>PARAMETER</u>	ORDINANCE LIMIT	TYPE_	VALUE FOUND
02-11-05	0950	002	Grab	Oil & Grease (T)	200 mg/l	IN	216 mg/l

(T) = Total substancemg/l = milligrams per literIN = Instantaneous

#### REQUIRED ACTION/RESPONSE:

Submit a report of corrective actions, which you have initiated, to ensure compliance with MSD ordinance limitations for Oil & Grease. The report should include plans for additional sampling to verify a return to compliance. The results of any such sampling must be provided to the District.

Refer to the enclosure for information on potential enforcement actions should noncompliance continue. The enclosure also explains the meaning of any asterisks which appear in the Value Found column above. You should consider the percentages applicable to Significant Noncompliance when planning for additional sampling.

Please submit your response on the above items by March 28, 2005. If you have any questions, please contact me at 436-8720.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

James E. Goodall

Environmental Engineering Associate

Enclosure – SNC attachment SP map



Office of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

February 22, 2005

Timothy Hill
ST LOUIS UNIVERSITY HOSPITAL - DESLOGE
3635 Vista Ave.
St. Louis, MO 63110

Re:

MSD Permit #:

41121951-00

For Premise:

3635 & 3655 Vista Ave., 63110

Mr. Hill:

We have reviewed the fourth quarter 2004 self-monitoring report you recently submitted to the District under the terms of the above referenced permit. The following violations of permit limitations, terms or conditions were identified:

#### **VIOLATIONS OF PERMIT TERMS/CONDITIONS:**

The report did not include results of analysis for sampling point 003. This is in violation of permit standard condition I.A.1 which requires sampling and analysis for all regulated substances at the frequencies specified. Pursuant to your permit, sampling point 003 requires monitoring and reporting on a quarterly basis. A review of previously submitted reports identified that this sampling point was last monitored on August 19, 2004 and, therefore, should have been monitored during the fourth quarter reporting period. Total Toxic Organics (TTO) at the same point was also due to be analyzed and submitted with the fourth quarter monitoring.

#### REQUIRED ACTION/RESPONSE:

According to your Self Monitoring Report, there was 'insufficient flow' at Sample Point 003 on 12/13/04. Your last flow estimate for this point was 15,250 gpd. This estimate was submitted on the Industrial User Questionnaire, which serves as your MSD Discharge Permit application, received in our office 12/20/04. If this estimate is correct, there should have been enough flow through this point during some point within the quarter to extract a sample for quarterly monitoring. To reduce the likelihood of reoccurrence, please develop a protocol that will allow for sampling and reporting to be performed at the frequencies specified in your permit. We require that you have a sample taken at sample point 003 during the 1st quarter 2005 and have it analyzed for TTO. We then ask that you resume sampling, analysis and reporting of this parameter during the 4th quarter of 2005 and in the 4th quarter in subsequent years.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

If you have any questions, please contact me at 314.436.8761.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Tom Boehm

Environmental Engineering Associate

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ST. LOUIS UNIVERSITY HOSPITAL

3142685563

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#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

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ST. LOUIS UNIVERSITY HOSPITAL

PERMIT NUMBER 41121951-00

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<b>=</b> .	at the Pha	irmaceulical sample point(s	<ul> <li>subject to the following arge monitoring report, c</li> </ul>	certification: yanida has not been used o	d from limitations and monitori	_
4	to make a	ng following certification :			rge of wastes which are aut	_
gre Sala	L	00000 ab 0000 ab 0 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00 ab 00	·	· ··· ·	agorical pretreatment standar	
•	make the	following certification:	9 8 2 .	s	: daily Jischarge at sample p	•
D.	If your par	I certify, since the permit is points remain inactive and mit special conditions author	isua date, there has bee no discharge occurred d 	n no change in the status of uring the period covered by	of connection points identified	as inactive. These
C.	If your pe	rmit special conditions wan	re monitoring at inactive	connection points, you are	required to make the following	o certification:
•	are redni-	red to make the following c	ertification: large monitoring report, the	ere has been no change in	not specified as semple point the character of westes disch	
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permit co	omains no	Special Conditions, then n	one of the contrications i	п PART III apply to you. G	O ON TO PART IV.	·
permit ar	NO PLACE	YOUR INITIALS IN THE BO	your discharge permit you OXES NEXT TO THOSE	may be required to certify CERTIFICATIONS WHICH	one or more of the following.	Please review you
		or come ock in lon	INON SIAIEMENI:		. :	



Page Analytical Services, Inc. 9608 Loiret Blvd. Lenexa, KS 66219

Phone: 913.599.5665 Fax: 913.599.1759

Lab Project Number: 6089889

10000				Client	Project IO:	6089	1889 ***********************************
Lab Sample No: 607741543 Client Sample ID: SLUM 001/4		***************************************	Project Sample	e Number:	6089889-001		Date Collected: 12/13/04 12.43
<u>Parameters</u>	_			Matrix:	Mater		Date Received: 12/14/04 08:40
Metals	Results	Units	Report Limit	. n.w			
Metals. Trace ICP, Water Silver Date Digested	Prep/Hethod 14.8 12/15/04	: EPA 3010 / ug/l		1.0 12	Anal yzed	<u></u>	CAS No. Qual Regimt 7440-22-4
Wet Chemistry				12	/15/04		,
Total Suspended Solids Total Suspended Solids	Method: EPA 177.	160.2 mg/T	5.00	*			
1664 HEM Oil and Grease			3.49	1.0 12	/17/04	jns	
011 and Grease	Method: EPA	1664A					_
	21.3	mg/1	5.00	1010	PORT days		
Biochemical Oxygen Demand 800, 5 day	Prep/Method:	EPA 405.1 /		1.0 12/	21/04	ACM	
Date Prepared	12/15/04 12:3	mg/1	2	1.0 12/2	20/04 11:45 R 15/04 12:30	LT.	
Chemical Oxygen Demand Chemical Oxygen Demand	Hethod: EPA 4:	10.4					
	377.	mg/1	100.		<b></b>		— 111 112 113 113 113 113 113 113 113 113
:/MS Semivolatiles				lo.o 12/1	5/04 A(	CM	
Atractables in Water by 625 Phenol	Prep/Method: E	PA 625 CLLE	/ EPA 625				
Vitrobenzene-d5 (S)	JI.	ug/]		4.3 12/2	3/04 04:32 NA		
!-Fluorobiphenyl (S)	101	*	•	1.0 12/23	3/04 04:32 WA		08-95-2
erphenyl-d14 (5)	113 97	*	1	L.O 12/23	1/04 04:32 WA		166-60-0
henol-d6 (S)	97 105	*		.0 12/23	704 04:32 WAI		21-60-8 1
·F?uoropheno? (S)		*	1	0 12/23	/04 04:32 WAL		718-51-0
.4.6.Tribromophenol (S)		<b>*</b>	1	.0 12/23	/04 04:32 MAN		1127-88-3
ate Extracted	12/15/04	*	1	.0 12/23	/04 04:32 MAN		7-12-4
MS Volatiles			_	12/15	/04 V4:32 MAN	11	8-97-6
atile Organics by 624 (1943)	Mash						
thylene chloride	method: EPA 624						

Methylene chloride (VP MD Chloroform ug/1 1.0 12/17/04 04:34 DPB 75-09-2 1.0 1.5 Toluene-d8 (S) ( ug/1 1.0 12/17/04 04:34 DP8 67-66-3 Dibromofluoromethane (S) 100 * 1.0 12/17/04 04:34 DPB 2037-26-5 100 4-Bromofluorobenzene (S) 1.0 12/17/04 04:34 OPB 1868-53-7 103 1.2-Dichloroethane-d4 (S) 2 1.0 12/17/04 04:34 OPB 460-00-4 103 2 ρН 1.0 12/17/04 04:34 DPB 17050-07-0

Comments: Elevated detection limits for 625 due to high levels of extractable organics in the sample.

Date: 12/27/04

:0.05

Page: 1 of 13

# REPORT OF LABORATORY ANALYSIS





Pace Analytical Services, Inc. 9608 Loiret Blvd. Lenexa, KS 66219

Phone: 913.599.5665 Fax: 913.599.1759

Lab Project Number: 6089889 Client Project ID: SLUH

1.0 12/17/04 04:50 DPB 17060-07-0

1.0 12/17/04 04:50 DPB

Lab Sample No: 607741550 Project Sample Number: 6089889-002 Date Collected: 12/13/04 12:30 Client Sample In Citie cooks 40

Client Sample ID: SLUH 002/4			olect 200016		er: 6089889- ix: Water	902	Date Collect Date Recei	ted: 12/13/04 12:3 ved: 12/14/04 08:4
Parameters	Results	Units	Report Limit	DE				
Metals	,	-	THE POST C. L. INIT.		<u>Analyz</u>	ed B	Y CAS No.	<u> Qual RegLat</u>
Metals. Trace ICP, Water Silver Date Digested	Prep/Method: ND 12/15/04	: EPA 3010 / ug/l	' EPA 6010 7.00	1.0	) 12/16/04 12/15/04	SM	7440-22-4	
Wet Chemistry								
Total Suspended Solids Total Suspended Solids	Method: EPA 101.	160.2 mg/l	5.00	1.0	to do record		_	
		~~g; 1	3.00	1.0	12/17/04	JN.	•	
1664 HEM Oil and Grease	Method: EPA	1664A						
Oil and Grease	29.6	mg/l	5.00	1.0	12/21/04	ACH	'DEC'	
Biochemical Oxygen Demand	Prep/Method:	EDA ANG 1	/ CDS 480 +					
800, 5 day Date Prepared	375 12/15/04 12:3	mg/l	2 2	1.0	12/20/04 11 12/15/04 12			
Chemical Oxygen Demand	Method: EPA 4	110 4					!	: : : : : : : : : : : : : : : : : : :
Chemical Oxygen Demand	635.	mg/]	100.	10.0	12/15/04	ACH	en anterior de la paga de la de	n en en so en eus eus eus eus en en en en en en en en en en en en en
C/MS Semivolatiles								
Extractables in Water by 625	Prep/Method:	EDS COC OIL	F / FD1 4mm					
Pheno1 (Q)		Jug/1	4 / EPA 625 25.					
Nitrobenzene-d5 (S)	90	¥ 29/1	23.		12/23/04 04:			2
2-Fluorobiphenyl (S)	110	ž			12/23/04 04:		4165-60-0	
Terphenyl-d14 (S)	88	*		T-0	12/23/04 D4;	58 WAW	321-60-8	
Pheno1-d6 (S)	88	ž		1.0	12/23/04 04:	58 WAW	1718-51-0	
2-Fluorophenol (S)	77	*			12/23/04 04:		13127-88-3	
2.4.6-Tribromophenol (S)	86	ž			12/23/04 04:		367-12-4	
Date Extracted	12/15/04	7			12 <mark>/23/04 04:</mark> 12/15/04	58 WAW	118-97-6	
C/MS Volatiles								
Olatile Organics by 624 (Low)	Method: EPA 62	) á						
Methylene chloride (1)	ND ND	ug/]	1.4					
Chlorofora (R)	2.4	ug/\ ug/l	1.0		2/17/04 04:		75-09-2	
Toluene-d8 (S)	99	49/1 3	1.0	1.0 1	2/17/04 04:5	50 DP8	67-66-3	
Dibromofluoromethane (S)	102	*		1.0 1	2/17/04 04:5	99Q 0K	2037-26-5	
4-Bromofluorobenzene (S)	102	*		1.0 1	2/17/04 04:5	O DPB	1868-53-7	
1.2-Dichloroethane d4 (S)	109	ì			2/17/04 04:5			
744		~		1.0 1	2/17/04 04-5	in non	17060 07 0	

Date: 12/27/04

Moori oon

Comments: Elevated detection limits for 625 due to high levels of extractable organics in the sample.

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Page: 2 of 13

### REPORT OF LABORATORY ANALYSIS





Pace Analytical Services, Inc. 9608 Loiret Blvd. Lenexa, KS 66219

Phone: 913.599.5665

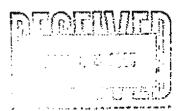
Fax: 913.599.1759

Lab Project Number: 6089889 Client Project ID: SLUH

Lab Sample No: 607741576 Project Sample Number: 6089889-004 Client Sample ID: SLUH 004/4

Date Collected: 12/13/04 13:00 Date Received: 12/14/04 08:40

Matrix: Water <u>Parameters</u> Results Units Report Limit DF Analyzed Wet Chemistry 8y CAS No. Qual Regimt Total Suspended Solids Method: EPA 160.2 Total Suspended Solids 222. 5.00 1.0 12/17/04 JNS Chemical Oxygen Demand Method: EPA 410.4 Chemical Oxygen Demand 150. mg/l 10.0 1.0 12/15/04 ACM



Date: 12/27/04

Page: 4 of 13

### REPORT OF LABORATORY ANALYSIS



Lab Sample No:



607741568

Pace Analytical Services, Inc. 9608 Loiret Blvd. Lenexa, KS 66219

Phone: 913.599.5665 Fax: 913.599.1759

Lab Project Number: 6089889 Client Project ID: SLUH

12/15/04 12:33

Project Sample Number: 6089889-003 Date Collected: 12/13/04 12:50 Client Sample ID: SLUH 005/4 Matrix: Water Date Received: 12/14/04 08:40 Parameters Results Units Report Limit DF Analyzed Wet Chemistry CAS No. Qual Regimt Total Suspended Solids Method: EPA 160.2 Total Suspended nolids 128. mg/1 5.00 1.0 12/17/04 JNS 1664 HEM Oil and Grease Method: EPA 1664A Oil and Grease 25.9 mg/7 5.00 1.0 12/21/04 ACH Biochemical Oxygen Demand Prep/Method: EPA 405.1 / EPA 405.1 800, 5 day 255 ng/1 1.0 12/20/04 11:51 RLT Date Prepared 12/15/04 12:33

Chemical Oxygen Demand Method: EPA 410.4 Chemical Oxygen Demand 614. mg/1

100. 10.0 12/15/04

GC/MS	Semivolatiles	
Extrac	tables in Water by ESE	Owner March

CALIBERATES IN MATER DY 625	Prep/Method	d: EPA 625	CLLE / EPA	625				
Pheno1 (8)	21.	J ug/1	27		12/22/04	AF AF	***	
Nitrobenzene-d5 (S)	90	ž.					108-95-2	2
2-Fluorobiphenyl (S)	115	•				05:25 WAW		
Terphenyl-d14 (S)		4		1.0	12/23/04	05:25 WAW	321-60-8	1
Pheno1-d6 (S)	95	z.		1.0	12/23/04	05:25 WAW	1718-51-0	
	88	ž				05:25 WAW		
2-Fluorophenol (\$)	74	*				05:25 WAW	ww w	
2.4.6-Tribromophenol (S)	85	x						
Date Extracted	12/15/04	•		1.0	12/23/04	05:25 WAW	118-97-6	

#### Ģ

GC/MS Volatiles					
Volatile Organics by 624 (Low)	Method: EPA	F24			
Methylene chloride Chloroform	MD 2.5	ug/] ug/]	1.0 1.0	1.0 12/17/04 05:06 DPB	
Toluene-d8 (S) Dibromofluoromethane (S) 4-Bromofluorobenzene (S)	99 104 100	* * *	1.0	1.0 12/17/04 05:06 DPB 1.0 12/17/04 05:06 DPB	67-66-3 2037-26-5 1868-53-7
1.2-DichToroethane-d4 (S) pH	112 1.0	*		5 A 4A4man	460-00-4 17060-07-0

Comments : Elevated detection limits for 625 due to high levels of extractable organics in the sample.

110,005:0,021

Date: 12/27/04

Page: 3 of 13

### REPORT OF LABORATORY ANALYSIS



### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

■(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

MA

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	RECEIVED
Title: Health Physicist	Telephone: 977-6896 JAN 2 7 2005
Signature: Jui Vyy	Date: //20/05 DIVISION OF
	ENVIRONMENTAL COMPLIANCE

### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Company: St. Louis University Hospital							951-00
Premise Address: 3635 & 3655 Vista Ave.				Z	ip Code: _	63110	_
Last Inspection Date: 12/16/03				_			57
MSD Categories: SIU CIU					Potential !		
Non-Toxic Waste No	Process	F1	LOW [		Multi User		IIU 🗌
Company Representative: Tim Hill				Dho	ne#: 314-5	77-90	7 ?
Title: Director of Building Services Inspector: J. Goodall				PIIC	TIC#: 214-2	77-80	, ,
Others Present: None			*****				
Inspection Date: 12/20/04 Time of	Inaneatio	- n	. Erom 0	9 - 0	0 AM TO	10:10	ΔM
Inspection pate: 12/20/04 Ilme of	THPDCCCT	J11 .	. FIOM <u>0</u>	9.0	<u>0 An</u> 10	10.10	
NOTE: ALL ITEMS ARE TO BE COMPLETED BASED OF	N EVENTS	SI	NCE LAST	INS	PECTION. ANSW	WERS A	RE BASED ON
INFORMATION PROVIDED BY COMPANY DURING :	INSPECTION	₹,	AS WELL	AS I	NFORMATION IN	FILE.	
					_		
*** DATABASE ALSO UPDATED WITH APPROPRIA	ATE CHANG	ES	- see	<u>atta</u>	ched databa	se rep	orts ***
1. A. ARE THERE ADDITIONAL ACCOUNT NUMBER	BERS?						Yes⊠ No□
List them, note any changes:	4112195	0 -	00, 900	9153	86-01 DIVI	mnwa	vaa 🖾 Na 🗀
B. WERE ALL ACCT NUMBERS VERIFIED A	S CORREC.	r. 9	x ACTIVE			TEM:	res⊠ No□
2. PROCESS & CLEANUP/WASHDOWN:	Cont/		Water		equency		
	Batch		Used?		discharge	***************	le pt.
Hospital care & surgical operations	Cont	.,	Yes		ily	001,	
Clinical & research labs	Cont		Yes		ily	001,	
In-patient psychiatric care/cancer treatment	Cont		Yes	aa.	ily	001, 004,	
creacment	(None)		N/A		, , , , , , , , , , , , , , , , , , ,	001,	
	(None)		N/A			<u> </u>	
	(None)		N/A		Mar	7	
1019							
3. PRETREATMENT (describe):		A-401-000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	·	<del>y</del>	le pt.
Silver recovery (electrolytic & meta	llic rep	lac	cement)			001,	002
Kitchen grease trap						001	
4. HAS COMPANY BEGUN DISCHARGING ANY NE	יייז.ד.דמים שי	יאב	TS SINCE	тн з	E LAST INSP?		Yes∏ No⊠
A. List pollutants & process:	in rollwor.		10 0110				
B. Will MSD STP exceed existing NPD	ES discha	arç	ge limit	(s)	?		Yes No
C. Will MSD STP's discharge exceed	0.1  mg/l	f	or any n	ew ]	pollutant?	,	Yes No
(MSD must notify MDNR if B or C	is yes a	nd	dischar	ge '	will continu	.e.)	
D. Comments:							
5. ARE THERE ANY FEDERALLY REGULATED (4	0 CFR 40	5 - 4	471) OPE	RAT	IONS?		Yes□ No⊠
A. If yes, list reg. & describe (in							tame tame
	J	•	•	_			
							pan-1 g
6. DOES CATEGORICAL WASTEWATER COMBINE	WITH NON	-C	AT. WW F	PRIO	R TO SAMPLIN	IG?	Yes∐ No⊠
A. At which points?			To it do	rra	at 2		Yes No
B. Current applied factor: C. If no, what is the correct			18 16 60	TTC:	<b></b>		. TES NO
factor & explain change?							
7. IS ANY WASTEWATER SUBJECT TO PRODUCT	ON OR M	AS.	S BASED	STA	NDARDS?		Yes□ No⊠
A. At which points?		_		_			
B. Since calculation of the curren						rage	Yes No
<pre>production rate or discharge vol C. If yes, explain:</pre>	ume cnan	ge	u by 20%	, or	morer		
c. II yes, explain:							
	1					1	07/03)

8.	ARE A.		IVE MATERIALS HANDLED		icine iso	topes are held	Yes⊠ No□ for decay			
	А.	Describe Oper	ed off site fo	r disposal						
	В.	3. Does company have MSD authorization to disposal to sewer?  C. Date of Authorization: 4/2/99 Annual amt approved: 12 mCi								
		Has company exceeded the approved quantity?  Yes								
		If yes, expla								
			NAME OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY				Yes□ No⊠			
9.		DOES WATER USE APPEAR EXCESSIVE?								
A. Explain how verified & needed changes: Usage has decreased and ap										
				TOT CHE	s size or	the lactificy.				
10.	нус	AS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE								
10.			ION OR WITHIN THE LAS		-		Yes□ No⊠			
		If yes:	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s							
		Pollutant	When	Points		Describe				
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	İ		¥*************************************		N/A					
	Ì	1 - 1 A - 3 T - 3 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1			N/A					
	ŀ				N/A	- V				
	ļ			<u> </u>	N/A					
	Ì		¥		N/A					
	в.	Comments:	Marie Salari V M 7							
						W00000				
11.			EDED CATEGORICAL PRET		'S SINCE	NA⊠	Yes No			
	THE		ION OR WITHIN THE LAS		_ ,					
	Α.			Sample		lem resolved? Describe				
	,	Pollutant	When	Points		Describe	www.ww.coocoocoocoocoocoocoocoo			
					N/A					
					N/A N/A		CHARLES AND AND AND AND AND AND AND AND AND AND			
	1				N/A					
		104.4.00			N/A					
					N/A		enance and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta			
	В.	Comments:			) N/A					
	ъ.	Commence:								
12.	VAH	AVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION?								
<b></b> .		. Upsets? Bypasses of pretreatment facilities?								
Spills? Slug discharges? Other?										
		Explain any r								
13.	ARE	ANY SOLVENTS					Yes⊠ No□			
	A.	Which solvent					<u>.de</u>			
		3. What used for? Sterilizing, surgical operations and lab tests								
	C.	How disposed?	Collected & haul	led off site						
-			resta on amones ours	rakta ukamba a	ים ההספרים	٦	Yes□ No⊠			
14.		OULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS ATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS?								
	A. If yes, what needs to be done?  B. If no, how are they controlled? Stored liquids are kept away from floor d									
	υ,	11. 110, 110W W.	co oney concretions.	& fuels are k						

15.	DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes No										No	
	A. If				MP?	Last		opy in File?	Update nee	ded?	_	
	Tit	:le		4	13/433	Updat	e (	SMP only)	Explain if	yes		
			s Chemical	L Spill N	/A	1/1/9	8	Yes	ИО			
	PI	an		N	/A	-		N/A	N/A			
	-				/A	<del>                                     </del>		N/A	N/A			
	B. Ar	e anv	Plans need			those 1	isted	<u> </u>	14,71	Yes	NoX	
		. Are any Plans needed in addition to those listed in Part A? Yes N (write company and request)										
16.		OUS WA								g3		
		Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users?									No	
	B. Is	B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))?										
		C. If yes to B, list haz wastes:										
	fo			ed with a "Pub ilations (rega		Yes⊠	No[]					
17.		RE EMERGENCY NOTIFICATION PROCEDURES POSTED?									No	
			contacts l		handla	<i>ن</i> ا.				Yes⊠	иоП	
	в. п	If no to either, describe how handled:										
18.				SELF-MONI				HARGES?		Yes⊠	No	
		If yes, requirement is contained in permit $oximes$ or other document $oximes$ .										
		If other document, date & description:  How frequently is sampling required?  Quarterly										
				reports re			arterly	<del>-</del>				
	E. Ha	ve rep	orts been	on-time, c	omplete	& signe		roper perso	n?	Yes⊠	Ио□	
	F. If											
19.	TE CO	עזארמוש	PT.PM∩NTT/	nes (proin	OR NOTA	DOFS	דיד כי	JECT REPRE	SENTATIVE	1	M/A[	
19.	IF COMPANY SELF-MONITORS (REQ'D OR NOT), DOES IT COLLECT REPRESENTATIVE GRAB/COMP SAMPLES & USE EPA-APPROVED 40CFR136 WASTEWATER TEST METHODS?									Yes⊠	-	
				ded change						Bassad .	Brancon	
	is company under any environmental enforcement orders or requirements										- K-7	
20.						ORCEMEN	IT ORDE	RS OR REQU	TREMENTS	Yes[]	ио Х	
	TO SUBMIT COMPLIANCE SCHEDULE REPORTS?											
		A. If yes, type and date: B. Have the reports & actions been on-time & complete? Y								Yes[	No	
			xplain: _				_					
	2020			, mo na nav	7.0000					Yes	Mo.	
21.		DES MSD CATEGORY NEED TO BE REVISED? . Indicate correct categories:									NOM	
		SIU CIU Surcharge Potential Toxic Waste										
	Non-Toxic Waste No Process Flow Multi User IIU											
	B. Explain changes:											
22.	SAMPLE	E POINT	'S							DJ	(y/n)	
	SP #	001	Fed.Reg.	N/A	Compo	nents:	Hospit	al waste -	+ NCCW + b	~~~~~	No	
							blowdo					
	SP#	002	Fed.Reg.	N/A	Compo	nents:	Hospit	al waste			No	
	SP #	003	Fed.Reg.	N/A	Compo	nents:	Hospit	al waste			No	
	SP #	004	Fed.Reg.	N/A	Compo	nents:	NCCW	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			Yes	
	SP #	005	Fed.Reg.	N/A	Compo	nents:	Hospit	al waste			No	
		1					l					

23.	ANY UNSAMPL	ED DISCHARGES? (list each .	lateral separately)	Yes∐ No⊠
	Dummy SP #	Components:		00000000000000000000000000000000000000
	Dummy SP #	Components:		
24.	A. If any	MPLE POINTS OPENED AND INS SPs cannot be located or o SP descript's need to be c	pened, explain:	Yes⊠ No□
25.	A. Is the	SAMPLE POINT MAP! map correct and accurate : what changes are needed?		: _7/1/02 Yes∏ No⊠
USE	THIS SPACE FOR	ANY OTHER COMMENTS/OBSERVAT	IONS PERTINENT TO YOUR INSPECTION	OF THIS SITE.

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

PRIMARY MSD ACCOUNT NO. 03/06/1997 Base Map 20F1 POTM Reasonable potential for adverse affect SIU PTW Wun:St. Louis City & Co. Grid: H 21 Page 38 IUQ Recvd Date: 07/09/2001 Office Mailing Address Issue Date: 01/01/2002 **Next Due** 3635 Vista Ave. Expire Date: 12/31/2006 Reviewer: Fabian Grabski Insp Rslt St. Louis, MO. 63110-0250 Extended Date: 07/21/2002 12/20/2004 RIN James Goodall Writer Fabian Grabski Issue Date: 01/01/2002 Expire Date: 12/31/2006 Extended Date: Writer Fabian Grabski FLD1 Tim Hill Director of Building Services OFF (314) 577-8072 Ext. FLD2 H.C. Abbott Aministrative Assistant OFF (314) 577-8070 Ext. OFFI Tim Hill Director of Building Services OFF (314) 577-8072 Ext. OFF2 H.C. Abbott Administrative Assistant OFF (314) 577-8070 Ext. 11/25/1996 MDNR - Hazardous Waste Program 01721 Work Days: 7 S M T W T F S Y 1 1.884 07:00AM 8.0 Y Υ Y Y Y Y 03:00PM 8.0 Y 2 616 Y Y Y Y Y Y 3 615 11:00PM 8.0 Y Y Y Y Y Y Total Emp: 3,115 Hrs: 24.0 On-Site Storage Y On-Site Disposal N Off-Site Disposal Data Conversion GAL <u>C</u> <u>O</u> <u>M</u> M ENTS MATERIAL_DESCRIPTION QUANTITY UNIT EFF DATE SIC DESCRIPTION General Medical & Surgical Hospitals 05/07/2004 8062 X-ray and diagnostic services 05/07/2004 DESCRIPTION UNIT AVG_PROD MAX_PROD 05/07/2004 General hospital service

Report No. PIMSULZA

01/03/2005

8:32:51 am

Data Date & Time:

01/03/2005

8:32:51 am

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

ST LOUIS UNIVERSITY HOSPITAL

4112195100 PRIMARY MSD ACCOUNT NO.

**Premise Address** 

3635 & 3655 Vista Ave. St. Louis MO. 63110

g nakin garan gererakan kan san s Sewer Accounts 4112195100 4112195001 9009153601

Start Date	= 04/01/200	3 End Date =	01/03/2	005 V	Vdays	Cdays			
Acct. No.		Consumption				Disc	harge		
4112195001			CCF's	Gallons				Gal/ Wday	Gal/ Cday
4112195001	02/06/2003	04/22/2003	543		76	76		76	
4112195001	04/23/2003	07/18/2003	920		87	87		163	
4112195001	07/19/2003	10/21/2003	750		95	95		258	
4112195001	10/22/2003	01/22/2004	410		93	93		351	
RF	0.68 Acct.	Total	2,623	1,962,140		351	351	3,801	3,801
4112195100			CCF's	Gallons				Gal/ Wday	Gal/ Cday
4112195100	01/25/2003	04/22/2003	11,900		88	88		88	
4112195100	04/23/2003	07/18/2003	20,100		87	87		175	
4112195100	07/19/2003	10/21/2003	24,800		95	95		270	
4112195100	10/22/2003	01/20/2004	11,600		91	91		361	
RF 9009153601	0.68 Acct.	Total	68,400 <b>CCF's</b>	51,166,757 Gallons		361	361	96,381 <b>Gal/ Wday</b>	96,381 Gal/ Cday
9009153601	01/25/2003	05/15/2003	0		111	111		111	
9009153601	05/16/2003	01/22/2004	2,370		252	252		363	
RF	1.00 Acct. Facility 7		2,370 73,393	1,772,883		363	363	4,884	4,884

Report No. PIMSUIZA Data Date & Time:

01/03/2005 01/03/2005

8:32:51 am 8:32:51 am

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO. 4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

LATERAL NO. Lateral Type  01 Sanitary Or Combined  Description Multiple lines from W side of hospital and  Sewer Route W on Vista in 27 pipe to 39th St, then N in  SAMPLE POINT NO. 001 Ordinance  Description MH in driveway W of loading dock at SW  Discharge Components Process Description  Non Contact Coolin HVAC  Boiler Blowdown  Hospital Waste  Total Flow Avg =	DSMH Treatment Area Bissell Point 20F3 350C Trunk Sewer Old Mill Creek  NPDES Outfall No.  Corner of main hospital building  Avg Flow Unit Max Flow Unit RUD 10,580 GPD GPD D 8,550 GPD GPD D 31,250 GPD GPD D 50,380 Max =	Effective Date 12/20/04 12/20/04 12/20/04
LATERAL NO. Lateral Type  02 Sanitary Or Combined  Description Line S from S side of building to Vista Ave  Sewer Route W on Vista in 27 pipe to 39th St, then N in	DSMH Treatment Area Bissell Point 20F3 350C Trunk Sewer Old Mill Creek	
SAMPLE POINT NO. 002 Ordinance  Description MH on Vista, 15' S of sidewalk, 36' E of i  Discharge Components Process Description  Hospital Waste  Total Flow Avg =	NPDES Outfall No. sland S of main hospital building  Avg Flow Unit Max Flow Unit RUD  33,500 GPD GPD D  33,500 Max =	Effective Date 12/20/04
LATERAL NO. Lateral Type  03 Sanitary Or Combined  Description Line SE from S side of building at entrance	DSMH Treatment Area Bissell Point 20F3 350C Trunk Sewer Old Mill Creek	
Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to trea  SAMPLE POINT NO. 003 Ordinance  Description MH 54' E of SW corner of West Pavilion  Discharge Components Process Description  Hospital Waste	Avg Flow Unit Max Flow Unit RUD  15,250 GPD GPD D	Effective Date 12/20/04
LATERAL NO. Lateral Type  O4 Sanitary Or Combined  Description Line W from SW corner of parking garage	DSMH Treatment Area Bissell Point 20F3 362C Trunk Sewer Old Mill Creek	
Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to trea  SAMPLE POINT NO. 004 Ordinance  Description 6" t-vent inside W Pavilion parking garag  Discharge Components Process Description  Non Contact Coolin  Total Flow Avg =	NPDES Outfall No.  The 10' N, 18' E of SW corner  Avg Flow Unit Max Flow Unit RUD  936 GPD GPD D  936 Max =	Effective Date 5/14/02

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# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

Hospital Waste

PRIMARY MSD ACCOUNT NO.

ST LOUIS UNIVERSITY HOSPITAL

4112195100

Premise Address

3635 & 3655 Vista Ave. St. Louis MO. 63110

GPD

D

5/14/02

**DSMH** Treatment Area Bissell Point LATERAL NO. Lateral Type 20F3 362C Trunk Sewer Old Mill Creek 05 Sanitary Or Combined Description Manhole 93' S, 9' W of NW corner of W pa W in 3'x4' pipe to 9' pipe, N to trunk to trea Sewer Route NPDES Outfall No. SAMPLE POINT NO. 005 Ordinance Description MH 93 'S, 9' W of NW corner of W Pavilion building Effective Date Max Flow Unit RUD Avg Flow Unit **Process Description Discharge Components** 

5,000 GPD

Total Flow Avg = 5,000 Max =

\$1968 A 1984 (\$100 A 1980)

 SP
 EFF DATE
 TYPE
 DESCRIPTION

 001
 06/06/2000
 DC28
 Grease Trap

 001
 06/06/2000
 DC32
 Metallic Replacement

 001
 06/06/2000
 DC20
 Electrolysis

 002
 06/06/2000
 DC20
 Electrolysis

 002
 06/06/2000
 DC32
 Metallic Replacement

 Pollutant Description
 Status
 Pollutant Description
 Status
 Pollutant Description
 Status

 Phenol
 KP
 Methylene Chloride
 KP
 Chloroform
 KP

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

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01/03/2005 01/03/2005 8:32:51 am

8:32:51 am

For Account Number

4112195100

PIMS FACILITY CONTACTS ST LOUIS UNIVERSITY HOSPITAL

Located at 3635 & 3655 Vista Ave.

St. Louis

MO 63110

Address Type

Ext.	Number	Phone	atact Name Contact Title			Contact Type	
***************************************		essassassassassassassassassassassassassa		000000000000000000000000000000000000000	000000000000000000000000000000000000000	Office Mailing Address	
	(314)577-8072	OFF	Director of Building Services	Hill	Tim	Office Contact - Primary	
	(314)577-8070	OFF	Administrative Assistant	Abbott	H.C.	Office Contact 1st Alt	
						Premise Address	
	(314)577-8072	OFF	Director of Building Services	Hill	Tim	Field Contact - Primary	
	(314)577-8070	OFF	Aministrative Assistant	Abbott	H.C.	Field Contact 1st Alt	
	(314)577-8070 (314)577-8072	OFF OFF	Administrative Assistant  Director of Building Services	Abbott Hill	H.C.	Office Contact - Primary Office Contact 1st Alt Premise Address Field Contact - Primary	

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1

Modification Date: Modification Time: 01/03/2005 8:33:27AM

# PIMS REPORT OF FIELD SAMPLING REQUIREMENTS ST LOUIS UNIVERSITY HOSPITAL

Account No Entered 4112195100

Premise Address

CITY

ST ZIP

SPN	r	Premise Address Ch	•	3; Z.II		***************************************	
001	Poll Code	3635 & 3655 Vista Ave. St Pollutant Description	. Louis Frequency	MO 63110 Sample Type IM	= IPD - Company - MSD	End Date	06/30/2005
	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs			
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs			
		• •	Once/year	Grab			
	T234000	Oil and Grease (Total)	•	Grab			
	T237000	pH	Once/year Once/year	Grab			
	T247000	Temperature Total Suspended Solids	Once/year	Comp-Time 04 Hrs			
	T256000	Chloroform	Once/year	Grab			
	T332000		=	Grab			
	T371000	Methylene Chloride	Once/year				
	T388000	Phenol	Once/year	Comp-Time 04 Hrs			
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs			
	T999000	Total Toxic Organics	Once/year	Grab			0.4.12.0.12.0.0.0
002	Poll Code	Pollutant Description	Frequency	Sample Type IM	= IPD - Company - MSD	End Date	06/30/2005
pagamananan	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs			
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs			
	T234000	Oil and Grease (Total)	Once/year	Grab			
	T237000	pН	Once/year	Grab			
	T247000	Temperature	Once/year	Grab			
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs			
	T332000	Chloroform	Once/year	Grab			
	T371000	Methylene Chloride	Once/year	Grab			
	T388000	Phenol	Once/year	Comp-Time 04 Hrs			
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs			
	T999000	Total Toxic Organics	Once/year	Grab			
03	Poll Code	Pollutant Description	Frequency	Sample Type IM	= IPD - Company - MSD	End Date	06/30/2005
5555540000000	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs			
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs			
	T234000	Oil and Grease (Total)	Once/year	Grab			
	T237000	pН	Once/year	Grab			
	T247000	Temperature	Once/year	Grab			
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs			
304	Poll Code	Pollutant Description	Frequency	Sample Type IM	= IPD - Company - MSD	End Date	06/30/2005
100000000000000000000000000000000000000	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs			
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs			
	T237000	pН	Once/year	Grab			
	T247000	Temperature	Once/year	Grab			
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs			
005	Poll Code	Pollutant Description	Frequency	Sample Type IM	= IPD - Company - MSD	End Date	06/30/200
10000110000000000000000000000000000000	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs			
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs			
	T234000	Oil and Grease (Total)	Once/year	Grab			
		• •					
	T237000	pН	Once/year	Grab			
		pH Temperature	Once/year Once/year	Grab Grab			

Report No. PIMS067A	01/03/2005	8:34:00AM
Data Date & Time	01/03/2005	8:34:00AM

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

	any: St. Louis University Hospital ise Address: 3635 & 3655 Vista Ave.								
Last	Inspection Date: 4/7/03 Categories: SIU 🛛 CIU 🗍 Non-Toxic Waste 📗 No		Su:	rcharge		Potential 1	Toxic	Waste 🛭	
	any Representative: Phil Van Cleave		<u> </u>						
	e: Director of Building Services	A PLANT			Pho	ne#: <u>314-5</u>	77-80	12	
_	ector: _J. Goodall rs Present: None								
		Inspectio	on:	: From O	9:30	) AM To	10:35	AM	
_				-					
NOTE:	ALL ITEMS ARE TO BE COMPLETED BASED O INFORMATION PROVIDED BY COMPANY DURING	N EVENTS INSPECTION	SII	NCE LAST AS WELL	INS AS I	PECTION. ANSV NFORMATION IN	WERS A	RE BASED	ON
**	* DATABASE ALSO UPDATED WITH APPROPRI	ATE CHANG	ES	- see	atta	ched databas	se rep	orts **	*
1.	A. ARE THERE ADDITIONAL ACCOUNT NUM							Yes⊠ N	0
	List them, note any changes: B. WERE ALL ACCT NUMBERS VERIFIED A	$\frac{4112195}{\text{CORRECT}}$	<u>0 –</u>	00, 900 ACTIVE	9153 ON	6-01 BILLING SYS	TEM?	Yes⊠ N	0
2.	PROCESS & CLEANUP/WASHDOWN:	Cont/		Water	Fre	equency			
۷.	TROOPS & OBERNOT, WISHESTA	Batch		Used?	of	discharge		le pt.	
	Hospital care & surgical operations	Cont		Yes		ly	001,		
	Clinical & research labs	Cont Cont		Yes Yes		ly ly	001,		
	In-patient psychiatric care	COILC		165	l dai	- ± y	004,		
		(None)		N/A					
		(None)		N/A	ļ				
		(None)		N/A					
3.	PRETREATMENT (describe):						Samp	le pt.	
	Silver recovery (electrolytic & meta	llic repl	ac	cement)			001,	002	
	Kitchen grease trap	<u> </u>					001		
4.	HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process:						•	Yes N	
	B. Will MSD STP exceed existing NPD	ES discha	arç	ge limit	(s)?	1 7		Yes N	
	C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C	0.1 mg/l	ic nd	or any n dischar	ae r	oollutant? vill continu	e.)	Yes N	ЮП
	D. Comments:	is yes a.		0001.01	. 90 .				
5.	ARE THERE ANY FEDERALLY REGULATED (4	0 CFR 405	5 <b>–</b> 4	471) OPE	ERAT	IONS?		Yes N	No 🛛
•	A. If yes, list reg. & describe (in								
6.	DOES CATEGORICAL WASTEWATER COMBINE A. At which points?	WITH NON-	-CZ	AT. WW E	PRIO	R TO SAMPLIN	IG?	Yes N	lo <b>X</b>
	B. Current applied factor:		- ]	s it co	orrec	ct?		Yes N	lo[]
	C. If no, what is the correct		-						
	factor & explain change?								
7.	IS ANY WASTEWATER SUBJECT TO PRODUCT	CION OR MA	AS:	S BASED	STAI	NDARDS?		Yes N	lo⊠
	A. At which points?  B. Since calculation of the currer	t limits	,	has the	e lo	ng term ave:	rage	Yes N	lo[]
	production rate or discharge vol								
	C. If yes, explain:								

(07/03)

8.	ARE A.		IVE MATERIALS HANDLED cations & disposal:		icine isc	topes are held	Yes⊠ No□ d for decay
	А.	pescribe ober	actons & disposar.			ed off site fo	
	B	Does company	have MSD authorization				Yes No
	C.		prization: $4/2/99$	Annual	amt appro	oved: 12 mCi	
	D.		exceeded the approved		ame appr		Yes□ No⊠
	E.	If yes, expla		quarretty.			10000
	٠.	II yes, expit					
9.	DOE	S WATER HSE AF	PPEAR EXCESSIVE?				Yes□ No⊠
٠.			rerified & needed char	nges: Large f	acility.	Usage appears	
		Imprazii iio v				observed.	
				Applicable in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the			
10.	HAS	COMPANY EXCE	EDED ORDINANCE DISCHA	RGE LIMITS SIN	CE		Yes□ No⊠
	THE	LAST INSPECT	ON OR WITHIN THE LAS	T 12 MONTHS?			
	Α.	If yes:		Sample	Is prob	lem resolved?	
		Pollutant	When	Points	Yes/No	Describe	
	Ī				N/A		
					N/A		
	ľ				N/A		
	F				N/A		
		A			N/A		
		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			N/A		
	в.	Comments:					
11.	HAS	COMPANY EXCE	EDED CATEGORICAL PRET	REATMENT LIMIT	S SINCE	NА	Yes No
	THE	LAST INSPECT	ION OR WITHIN THE LAS				
	A.	<b>⊿</b>		Sample		lem resolved?	
	_	Pollutant	When	Points	Yes/No	Describe	
					N/A		
					N/A		
	ſ				N/A		
	Γ				N/A		
	Γ				N/A		
	Γ				N/A		
	в.	Comments:					
			4				
12.	HAV	E THERE BEEN A	ANY PROBLEM DISCHARGE			1?	Yes□ No⊠
	Α.	Upsets? 🔲	Bypasses of pretre		ies?		
		Spills?	Slug discharges? [	Other?			
	в.	Explain any m	arked:				
			•				, , , , , , , , , , , , , , , , , , ,
13.	ARE	ANY SOLVENTS					Yes⊠ No□
	Α.	Which solvent					<u>ide</u>
		What used for			ns and la	ab tests	
	C.	How disposed?	Collected & haul	ed off site			
	~~		TAKE OF SMODED SUBMI	anta 117 ampa o	D DD00B00	,	vaal Nak
14.			LEAKS OF STORED CHEMI			•	Yes□ No⊠
			REACH SANITARY SEWER	S OK STORM DRA	TNO!		
			needs to be done?	Stored liquid	e are bor	ot away from f	loor drains
	в.	ir no, now ar	e they controlled?	& fuels are ke			TOOL GLAINS
				a ruers are ke	SAC TIL CO	iicariillelic	

15.	DOE	S COMPANY	Y HAVE ANY	SPILL, SI			NAGEMEN	T PLANS (SM)	P)?	Yes⊠	No
	Α.	If yes:			SMP?	Last		opy in File?	Update n		
		Title			413/433	Updat		SMP only)	Explain .	ii yes	
		1	s Chemical	l Spill	N/A	1/1/9	8	Yes	No		
		Plan			N/A			N/A	N/A		
					N/A N/A			N/A	N/A		
	ъ	7 = 0 = 0 = 1	Plans need	od in ad		those 1	l	1	14/11	Yes	NoX
	в.		company and			cnose	risced	III LALC 71.		100	1.023
16.	HAZ	ARDOUS WA		ed/reminded	d that solid	& hazard	ous waste	e management 1	regulations	Yes⊠	NoП
	Λ.	(RCRA) exi	st and may po	otentially	apply to in	dustrial	users?			_	
	В.					rdous was	te which	has not been	previously	Yes	иоМ
	c.		o MSD (under B, list haz w		3.12(p))?						
	D.	Was the co	ompany provide	ed with a '	'Public Noti	— ce/Haz. W	aste Disc	charge Notific	cation"	Yes🏻	No
	F.	form for t Comments:	the above regi	ulations (	regardless o	f whether	there a	re any dischar	rges)?	Eccus	
37	יו כו על	T THEDOWN	TV NOTETO	מת וארדיי	ACENTIDES D	೧೯୩೯೧೨				Yes⊠	МОП
17.	ARE A.	E EMERGENCY NOTIFICATION PROCEDURES POSTED?  Are MSD contacts listed?									No
		Are MSD contacts listed?  If no to either, describe how handled:									
	٥.	11	, 0101101, 0								
18.	IS	COMPANY F	REQUIRED TO	SELF-MC	NITOR ANY	OF THE	IR DISC	HARGES?		Yes⊠	Ио
	Α.	If yes,	requiremen	t is con	tained in	permit	$\boxtimes$	or other	document [	<u></u> ].	
	В.		document,								
	С.		quently is				arterly	_			
	D.	How freq	quently are	reports	required	? <u>Qu</u>	<u>arterl</u>	7	0	v [7]	м-П
	Ε.			on-time,	complete	& signe	ed by p	roper perso	on?	Yes⊠	NOL
	F.	If no, e	explain: _								
19.	τr	COMPANY	SELE-MONITO	ORS (REO	'D OR NOT	). DOES	TT COI	LECT REPRE	SENTATIVE	1	DA\N
19.								TER TEST M		Yes⊠	
			explain nee			0111200				· · · · · · ·	
	11.	11 110,	mprarii iio								
20.	IS	COMPANY	UNDER ANY	ENVIRON	MENTAL EN	FORCEMEN	NT ORDE	RS OR REQU	JIREMENTS	Yes[	No🏻
			OMPLIANCE S								
	Α.	If yes,	type and d	late:							
	В.	Have the	e reports &	actions	been on-	time & d	complet	e?		Yes[	No
	С.	If no, e	explain: _								
										·· - [	N - KZI
21.			regory need							Yes[	иоМ
	Α.		correct c				Dahash	ial Mauda W	acto [		
		SIU 🗌	CIU		Surchar			ial Toxic W ti User 🗌			
	ъ	Explain	.c Waste	140 1	riocess fi	.ow L	Mul	ri osei 🗖	110		
	в.	Exbrain	Changes:								
22.	MAR	APLE POINT	rs							DJ	(y/n)
£ £ •	SP		Fed.Reg.	N/A	Compo	nents:	Hospit	al waste	+ NCCW +		No
	J.	"   001	rea. neg.	24/ 23	Comp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	blowdo				
	SP	# 002	Fed.Reg.	N/A	Compo	nents:		al waste			No
	"	"   "	100.1109.	,							
	SP	# 003	Fed.Reg.	N/A	Compo	onents:	Hospit	al waste			No
							-				
	SP	# 004	Fed Reg	N/A	Compo	nents:	NCCW				Yes

Components: Hospital waste

Fed.Reg.

SP #

005

N/A

23.	ANY UNSAMPLED	DISCHARGES? (lis	c cacii	lateral	separately)	Yes□ No⊠
	Dummy SP #	Components:			AMADE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	
	Dummy SP #	Components:				

24. WERE ALL SAMPLE POINTS OPENED AND I	24.	ERE ALL S	SAMPLE	POINTS	OPENED	AND	INSPECTED?
-----------------------------------------	-----	-----------	--------	--------	--------	-----	------------

Yes⊠ No□

A. If any SPs cannot be located or opened, explain:

B. If any SP descript's need to be changed, explain:

SP005 MH cover is slotted. Reference measurement needed changed.

25. REVIEW THE SAMPLE POINT MAP!

Last map revision date: 7/1/02

A. Is the map correct and accurate in all its details?

Yes No

B. If no, what changes are needed? Minor building changes at rear entry of 3655

Vista West Pavilion. SP005 description.

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE. The sampling technician had trouble locating SP005. I'm not sure why since there has been no construction lately. The MH footage measurement was off slightly, but the sample point was visible.

(07/03)

# ROPOLITAN ST. LOUIS SEWER DIST INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO:

4112195100

Premise Address

3635 & 3655 Vista Ave.

St. Louis, MO 63110

INDUSTRIAL USER CATEGORIZATIONS

SIU CIU Surcharge

High Flow Pot Toxic No Proc Multi User Waste Flow Plow

IIU

Effective Date SIU Criteria

08/23/1990 Reasonable potential for adverse affect on oper

03/06/1997

**Effective** 

<u>Date</u>

GENERAL INFORMATION

Office Mailing Address

3635 Vista Ave.

St. Louis, MO 63110 0250

20F1 MSD Base Map:

Wun: St. Louis City & Co.

Grid: H 21 Page: 38 **Last Routine Inspection** 12/16/2003 Date:

James Goodall <u>Inspector</u>

Next Due: 06/30/2005

Inspector

**Shift Duration** 

8

8

8

**Last Inspection** 12/16/2003 Type: RIN Date:

IUO Recvd Date: 07/09/2001 Fabian Grabski Reviewer:

Permit Issue Date: 01/01/2002

Permit Number

01721

12/31/2006 Permit Exp.Date:

Extend / Term Date

Permit Writer Fabian Grabski

**CONTACTS:** 

Field Contact - Primary Field Contact 1st Alt

Office Contact - Primary

Phil Van Cleave, FMA

H.C. Abbott

Phil Van Cleave, FMA

Director of Building Services

Aministrative Assistant

Director of Building Services

(314) 577-8072 Ext Office Phone

Other Agencies

James Goodall

(314) 577-8070 Ext Office Phone

Office Phone (314) 577-8072 Ext

MDNR - Hazardous Waste Program

OPERATIONAL INFORMATION

Work Days / Week: Employees:

Hrs. of Operation:

Shifts / Day:

7 3,115 3

NON-SEWERED WASTE On-Site Storage:

2 24 3

Shift No. No. of Emp.

Shift Start Time 1,884 07:00 AM 616 03:00 PM 615 11:00 PM

Y On-Site Disposal: N Off-Site Disposal:

COMMENTS Cont-op, SPCCP-yes

Former Bethesda Hospital is now occupied by the hospital and referred to as the West pavilion. JEG 6/28/02

PRODUCT & SERVICE INFORMATION

SIC DESCRIPTION

8062 General Medical & Surgical Hospitals

Raw Materials / Processes:

Surgery, x-ray and diagnostic services

Products / Services:

General hospital service

Report No. ECIM012A 12/23/2003 1:46:14PM Data Date & Time 12/23/2003 1:46:15PM

Page 1 of 4

Modification Date 12/23/2003 Modification Tim€ 1:45:50PM

MSD 038818

### ROPOLITAN ST. LOUIS SEWER DIST INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL

Premise Address

3635 & 3655 Vista Ave.

PRIMARY MSD ACCOUNT NO:

4112195100

St. Louis, MO 63110

WATER CONSUMPTION AND WASTEWATER DISCHARGE

> Sewer Accounts 4112195001 4112195100 9009153601

Start Date: 09/01/2002	End Date =	12/31/2003	Wdays	Cdays		
Acet No.		Consumption			Dis	charge
4112195001	CCF's	Gallons			Gal / Wday	Gal / Cday
07/27/2002 10/24/2	2,394		90	90		
10/25/2002 02/05/2	003 . 1,399		104	104		
02/06/2003 04/22/2	003 543		76	76		
04/23/2003 07/18/2	003 920	1	87	87		
RF 0.68 Acct. Total	5,256	3,931,761	357	357	7,489	7,489
4112195100	CCF's	Gallons			Gal / Wday	Gal / Cday
07/27/2002 10/24/2	20,800		90	90		
10/25/2002 01/24/2	003 10,600		92	92		
01/25/2003 04/22/2	11,900		88	88		
04/23/2003 07/18/2	20,100	ı	87	87		:
RF 0.68 Acct. Total	63,400	47,426,497	357	357	90,336	90,336
9009153601	CCF's	Gallons			Gal / Wday	Gal / Cday
07/24/2002 10/29/2	002 8,490	ı	98	98		
10/30/2002 01/24/2	2,890		87	87		
01/25/2003 05/15/2	0003 0	ı	111	111		
RF 1.00 Acct. Total	11,380	8,512,832	296	296	28,760	28,760
Facility Total	80,036				126,585	126,585

### ROPOLITAN ST. LOUIS SEWER DIST! INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL 4112195100

Premise Address

3635 & 3655 Vista Ave.

St. Louis, MO 63110

SEWER CONNECTION INFORMATION

LATERAL NO:

Lateral Type

DS MH

Treatment Area

Trunk Sewer

01

Sanitary Or Combined

20F3 350C

Bissell Point

Old Mill Creek

**Description** Multiple lines from W side of hospital and E side of W pavilion to loading drive

Sewer Route W on Vista in 27 pipe to 39th St, then N in trunk to treatment plant

SAMPLE POINT No.

PRIMARY MSD ACCOUNT NO:

001

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

Description MH in driveway W of loading dock at SW corner of main hospital building

Quantity

**Discharge Components** 

**Process Description** 

10,000

**Effective Date** 

Non Contact Cooling Water

**HVAC** 

**GPD** 

06/28/2002

Hospital Waste

56,000

D

n

Boiler Blowdown

TOTAL QNTY:

26,000 92,000

GPD

GPD

Unit RUD

LATERAL NO:

Lateral Type

Sanitary Or Combined

DS MH 20F3 350C Treatment Area Bissell Point

Trunk Sewer

Old Mill Creek

02

Description Line S from S side of building to Vista Ave

Sewer Route W on Vista in 27 pipe to 39th St, then N in trunk to treatment plant

N/A

002 SAMPLE POINT TYPE. Ordinance

Description MH on Vista, 15' S of sidewalk, 36' E of island S of main hospital building

NPDES Outfall No:

**Discharge Components** 

**Process Description** 

Quantity

56,000

**Effective Date** Unit RUD

56,000 **GPD**  06/28/2002

Hospital Waste

TOTAL ONTY:

LATERAL NO:

03

Lateral Type

DS MH 20F3 350C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

Sanitary Or Combined **Description** Line SE from S side of building at entrance drive to Vista Ave.

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant

SAMPLE POINT No.

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

**Description** MH 54' E of SW corner of West Pavilion building

**Discharge Components** 

**Process Description** 

Quantity

RUD <u>Unit</u>

**Effective Date** 

5,000 GPD 05/14/2002

Hospital Waste

TOTAL QNTY:

TOTAL ONTY:

5,000

LATERAL NO: 04

Lateral Type Sanitary Or Combined

DS MH 20F3 362C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

Description Line W from SW corner of parking garage to Spring Ave.

SAMPLE POINT No.

004

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

RUD

D

GPD

Description 6" t-vent inside W Pavilion parking garage 10' N, 18' E of SW corner

**Process Description** 

Quantity

**Effective Date** 05/14/2002

**Discharge Components** 

936

936

Non Contact Cooling Water

Lateral Type

DS MH 20F3 362C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

LATERAL NO:

05

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant

Description Manhole 93' S, 9' W of NW corner of W pavilion building

Sanitary Or Combined

Report No. ECIM012A 12/23/2003 Data Date & Time

12/23/2003

1-46-14PM 1:46:15PM Page 3 of 4

Modification Date 12/23/2003 Modification Time 1:45:50PM

### ROPOLITAN ST. LOUIS SEWER DIST INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL

Premise Address

3635 & 3655 Vista Ave. St. Louis, MO 63110

Unit RUD

GPD

PRIMARY MSD ACCOUNT NO:

4112195100

N/A

SAMPLE POINT No.

005

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

**Description** MH 93 ' S, 9' W of NW corner of W Pavilion building **Discharge Components** 

Process Description

Quantity

Effective Date 05/14/2002

Hospital Waste

5,000

TOTAL QNTY:

5,000

PRETREATMENT TYPES

SPN Pretreatment Description

SPN

**Pretreatment Description** 

<u>SPN</u>

Phenol

**Pretreatment Description** 

001 Electrolysis 002 Electrolysis 001 002

Grease Trap Metallic Replacement 001

Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description Chloroform

Status KP

Pollutant Description Methylene Chloride

Status KP

Pollutant Description

Status KP

EXTRA STRENGTH SURCHARGE INFORMATION

Certification / Recertification Date

Page 4 of 4

Modification Date 12/23/2003 Modification Time 1:45:50PM For Account Number Selecte Located at ECIMS FACILITY CONTACTS
4112195100 ST LOUIS UNIVERSITY HOSPITAL

3635 & 3655 √ista Ave.

St. Louis

•

MO

63110-



Address Type

Contact Type	Contact Name	Contact Title	Phone Type	Number	Ext.
Office Mailing Address	Dhil Von Closvo EMA	Director of Building Services	OFF	(314)577-8072	
Office Contact - Primary Office Contact 1st Alt	Phil Van Cleave, FMA H.C. Abbott	Administrative Assistant	OFF	(314)577-8070	
Premise Address Field Contact - Primary	Phil Van Cleave, FMA	Director of Building Services	OFF	(314)577-8072	
Field Contact 1st Alt	H.C. Abbott	Aministrative Assistant	OFF	(314)577-8070	



Account No Entered 4112195100

#### ST LOUIS UNIVERSITY HOSPITAL

SPN		Premise Address C	ITY	ST ZIP				
0000000000000		3635 & 3655 Vista Ave.	St. Louis	MO 63110				
001	Poll Code	Pollutant Description	Frequency	Sample Type I	M = IP	D - Company - MSD	End Date	06/30/2005
•	T208000	Biochemical Oxygen Demand (5 D	: Once/year	Comp-1	Time 04 Hrs	6		
	T213000	Chemical Oxygen Demand	Once/year	Comp-1	Time 04 Hrs	3		
	T234000	Oil and Grease (Total)	Once/year	Grab				
	T237000	pH	Once/year	Grab				
	T247000	Temperature	Once/year	Grab				
	T256000	Total Suspended Solids	Once/year	Comp-1	Time 04 Hrs	3		
	T332000	Chloroform	Once/year	Grab				
	T371000	Methylene Chloride	Once/year	Grab				
	T388000	Phenol	Once/year	•	Time 04 Hrs			
	T393000	Silver (Total)	Once/year	Comp-1	Time 04 Hrs	3		
	T999000	Total Toxic Organics	Once/year	Grab				
002	Poll Code	Pollutant Description	Frequency	Sample Type I	M = IP	D - Company - MSD	End Date	06/30/2005
(passassassas	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-1	Time 04 Hrs	<b>3</b>		
	T213000	Chemical Oxygen Demand	Once/year	Comp-1	Time 04 Hrs	;		
	T234000	Oil and Grease (Total)	Once/year	Grab				
	T237000	pΗ	Once/year	Grab				
	T247000	Temperature	Once/year	Grab				
	T256000	Total Suspended Solids	Once/year	Comp-1	Time 04 Hrs	;		
	T332000	Chloroform	Once/year	Grab				
	T371000	Methylene Chloride	Once/year	Grab				
	T388000	Phenol	Once/year	Comp-1	fime 04 Hrs	3		
	T393000	Silver (Total)	Once/year	Comp-1	Time 04 Hrs	3		
	T999000	Total Toxic Organics	Once/year	Grab				
			•					
003	Poll Code	Pollutant Description	Frequency		M = IP	D - Company - MSD	End Date	06/30/2005
003	Poll Code	-	Frequency	Sample Type I	M = IP		End Date	06/30/2005
003		Pollutant Description	Frequency	Sample Type I			End Date	06/30/2005
003	T208000	Pollutant Description  Biochemical Oxygen Demand (5 D	Frequency Once/year	Sample Type I	Time 04 Hrs		End Date	06/30/2005
003	T208000 T213000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand	Frequency Once/year Once/year	Sample Type I  Comp-1  Comp-1	Time 04 Hrs		End Date	06/30/2005
003	T208000 T213000 T234000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total)	Frequency  Once/year Once/year Once/year	Sample Type I  Comp-1  Comp-7  Grab	Time 04 Hrs		End Date	06/30/2005
003	T208000 T213000 T234000 T237000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH	Frequency  Once/year Once/year Once/year Once/year	Sample Type I  Comp-1  Comp-1  Grab  Grab  Grab	Time 04 Hrs	; ;	End Date	06/30/2005
	T208000 T213000 T234000 T237000 T247000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature	Frequency  Once/year Once/year Once/year Once/year Once/year	Comp-1 Comp-1 Grab Grab Grab Grab Comp-1	Fime 04 Hrs Fime 04 Hrs	; ;	End Date	06/30/2005
	T208000 T213000 T234000 T237000 T247000 T256000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids	Frequency  Once/year Once/year Once/year Once/year Once/year Once/year Frequency	Comp-1 Comp-1 Grab Grab Grab Comp-1 Sample Type I	Fime 04 Hrs Fime 04 Hrs	S S D - Company - MSD		
	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description	Frequency  Once/year Once/year Once/year Once/year Once/year Once/year Frequency	Comp-1 Comp-1 Grab Grab Grab Comp-1 Sample Type  Comp-1	Fime 04 Hrs Fime 04 Hrs Fime 04 Hrs M = IP	S D - Company - MSD		
	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D	Frequency  Once/year Once/year Once/year Once/year Once/year Frequency  Once/year	Comp-1 Comp-1 Grab Grab Grab Comp-1 Sample Type  Comp-1	Fime 04 Hrs Fime 04 Hrs Fime 04 Hrs M = IP	S D - Company - MSD		
	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code T208000 T213000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand	Frequency  Once/year Once/year Once/year Once/year Once/year Frequency  Once/year Once/year	Comp-1 Comp-1 Sample Type  Comp-1 Comp-1 Comp-1 Comp-1	Fime 04 Hrs Fime 04 Hrs Fime 04 Hrs M = IP	S D - Company - MSD		
	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code T208000 T213000 T237000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand pH	Frequency  Once/year Once/year Once/year Once/year Once/year Frequency  Once/year Once/year Once/year	Comp-1 Comp-1 Sample Type  Comp-1 Sample Type  Comp-1 Comp-1 Comp-1 Grab Grab Grab	Fime 04 Hrs Fime 04 Hrs Fime 04 Hrs M = IP	S S D - Company - MSD		
004	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code  T208000 T213000 T2137000 T247000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand pH Temperature	Frequency  Once/year Once/year Once/year Once/year Once/year Frequency  Once/year Once/year Once/year Once/year	Comp-1 Comp-1 Grab Grab Comp-1 Sample Type  Comp-1 Comp-1 Grab Grab Comp-1 Comp-1 Comp-1 Comp-1	Fime 04 Hrs Fime 04 Hrs M = IP Fime 04 Hrs Fime 04 Hrs Fime 04 Hrs	S S D - Company - MSD		
004	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code  T208000 T213000 T237000 T247000 T256000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand pH Temperature Total Suspended Solids	Frequency  Once/year Once/year Once/year Once/year Once/year Frequency  Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Frequency	Comp-1 Comp-1 Comp-1 Grab Grab Comp-1 Sample Type  Comp-1 Comp-1 Grab Grab Comp-1 Sample Type I	Fime 04 Hrs Fime 04 Hrs M = IP Fime 04 Hrs Fime 04 Hrs Fime 04 Hrs	B - Company - MSD B - Company - MSD B - Company - MSD	End Date	06/30/2005
004	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code  T208000 T213000 T237000 T247000 T256000 Poll Code	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand Solids Pollutant Description	Frequency  a Once/year Once/year Once/year Once/year Once/year Frequency  a Once/year Once/year Once/year Once/year Once/year Once/year Once/year Frequency  a Once/year Once/year Once/year Once/year Once/year Once/year	Comp-1 Comp-1 Comp-1 Grab Grab Comp-1 Sample Type I Comp-1 Grab Grab Comp-1 Comp-1 Comp-1 Sample Type I Comp-1 Comp-1 Comp-1 Comp-1 Comp-1	Fime 04 Hrs Fime 04 Hrs M = IP Fime 04 Hrs Fime 04 Hrs Fime 04 Hrs Fime 04 Hrs M = IP	D - Company - MSD  O - Company - MSD  O - Company - MSD	End Date	06/30/2005
004	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code  T208000 T213000 T247000 T256000 Poll Code  T208000 T213000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand	Frequency  a Once/year Once/year Once/year Once/year Once/year Frequency  a Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-1 Comp-1 Comp-1 Grab Grab Comp-1 Sample Type I Comp-1 Grab Grab Comp-1 Comp-1 Comp-1 Sample Type I Comp-1 Comp-1 Comp-1 Comp-1 Comp-1	Fime 04 Hrs  Fime 04 Hrs  M = IP  Fime 04 Hrs  Fime 04 Hrs  Fime 04 Hrs  M = IP	D - Company - MSD  O - Company - MSD  O - Company - MSD	End Date	06/30/2005
004	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code  T208000 T213000 T247000 T256000 Poll Code  T208000 T213000 T213000 T234000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand (5 D Che	Frequency  Once/year Once/year Once/year Once/year Once/year Frequency  Once/year Once/year Once/year Once/year Once/year Frequency  Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-1 Comp-1 Comp-1 Sample Type  Comp-1 Comp-1 Comp-1 Grab Grab Comp-1 Comp-1 Comp-1 Comp-1 Comp-1 Comp-1 Comp-1 Comp-1 Comp-1 Comp-1	Fime 04 Hrs  Fime 04 Hrs  M = IP  Fime 04 Hrs  Fime 04 Hrs  Fime 04 Hrs  M = IP	D - Company - MSD  O - Company - MSD  O - Company - MSD	End Date	06/30/2005
004	T208000 T213000 T234000 T237000 T247000 T256000 Poll Code  T208000 T213000 T247000 T256000 Poll Code  T208000 T213000	Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand pH Temperature Total Suspended Solids Pollutant Description  Biochemical Oxygen Demand (5 D Chemical Oxygen Demand	Frequency  a Once/year Once/year Once/year Once/year Once/year Frequency  a Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-1 Comp-1 Grab Grab Grab Comp-1 Sample Type  Comp-1 Grab Grab Comp-1 Comp-1 Grab Grab Comp-1 Grab Grab Comp-1 Grab Grab Comp-1 Grab	Fime 04 Hrs  Fime 04 Hrs  M = IP  Fime 04 Hrs  Fime 04 Hrs  Fime 04 Hrs  M = IP	D - Company - MSD  O - Company - MSD  O - Company - MSD	End Date	06/30/2005



### **Metropolitan Saint Louis Sewer District** 2350 Market Street Saint Louis, Missouri 63103-2555

ST LOUIS UNIVERSITY HOSPITAL 3635 Vista Ave. P.O. Box 15250

MSD ACCOUNT #: W4112195100

St. Louis, MO 63110-0250

### **INVOICE**

Invoice Number:

PDP-3033

Invoice Date:

12/23/03

#### **Explanation of Charges**

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2003 through September 30, 2004 issued in accordance with the Metropolitan St. Louis Sewer District Ordinance #8660 for the location at 3635 & 3655 Vista Ave. .

Basecharge @ \$150.00 per permit

150.00

Volume charge (computed on average daily ccfs)

203.140 ccfs @ \$.72 per ccf

146.26

Sample Point Charge 5 points @ \$100.00 per sample point.

500.00

Total Fee Due:

\$796.26

Remit to the above address. Mailing payment to any other address or facility of the Metropolitan St. Louis Sewer District could result in a delay in applying payment. If not paid by the due date a late charge of 1.5% will be added to the unpaid balance. For inquiries about this invoice please call (314) 768-6200 Ext.6494.





METROPOLITAN ST. LOUIS SEWER DISTRICT

# REQUEST FOR INVESTIGATION OF SAMPLE POINT PROBLEM

SAMPLING DATE:

12/09/2003

BE CO -

CONTACT PERSON:

COMPANY NAME:

St. Louis University Hospital

ZIP:

63110

COMPANY ADDRESS:

3635 & 3655 Vista

ACCOUNT NUMBER:

4112195100

CATEGORY:

NON-SURCHARGE

SIU

FLOW: SP005

**SMN:** 0393714

Tech: J. Brockmann

**SAMPLE POINT AND TYPE OF PROBLEM:** The technician was unable to locate the sampling vent. The vent is in a construction area and the

location does appear to be where the map indicates.

PERSON REQUESTING INVESTIGATION: Paul Slovacek

INVESTIGATOR ASSIGNED: Jim Goodall

ASSIGNED BY: DMM 12/10/03

CORRECTIVE ACTION TAKEN: I performed a facility inspection on 12/16/03. The shape of the building changed slightly. The storm water manhole lid is now round and the sanitary sewer manhole has a slotted cover. I revised the distance measurement from the building corner

also. The sample point is accessible.

also. The sample point is accessible.

FOLLOW UP NEEDED:

______

INVESTIGATOR: Jim Goodall

**DATE:** 12/24/03

SRF-01/12-30-93

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Compa	ıny:	St. Louis University Hospital			Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of th		ccount #:		
Premi	se A	Address: 3635 & 3655 Vista Ave.				Z	ip Code:	63110	0-
Last	Insp	pection Date: 5/14/02							
	_	Non-Toxic Waste No	Process	Su: Fl	rcharge .ow	Ш	Potential Multi Use		
Compa	iny F	Representative: Phil Van Cleave Director of Building Services				Pho	ne#: 314-	577-80	)72
		: J. Goodall				1.110			. ,
		esent: None							,
		A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	Inspectio	י מי	· From 1	0.30	) AM To	11:40	) AM
Tusbe	CLIC	on pace. 477703	Inspection			•			
	INF	ITEMS ARE TO BE COMPLETED BASED OF COMPANY DURING	INSPECTION	Ι,	AS WELL	AS I	NFORMATION I	IN FILE	•
***	DAT	ABASE ALSO UPDATED WITH APPROPRIA	ATE CHANG	ES	- see a	<u>atta</u>	ched datab	ase re	ports ***
1.	A.			^	00 000	01 [ 0	C 01		Yes⊠ No□
	в.	List them, note any changes: WERE ALL ACCT NUMBERS VERIFIED A	S CORRECT	<u>υ-</u>	ACTIVE	ON 9123	BILLING SY	STEM?	Yes⊠ No□
2.	PROC	ESS & CLEANUP/WASHDOWN:	Cont/ Batch		Water Used?		equency discharge		Sample pt.
1	II a a sa	ital care & surgical operations	Cont		Yes	_	lly		001,002
}	Clin	ical & research labs	Cont		Yes	<del></del>	lly		001,002
		atient psychiatric care	Cont		Yes		lly		001,003,
	111 P	actione polyoniactio care					2		004,005
			(None)		N/A				
			(None)		N/A				
			(None)		N/A				
3.		TREATMENT (describe):							mple pt.
	Sil	ver recovery units (Electrolytic	& metall:	ic	replace	men	t)		1,002
	Gre	ase trap						00	1
4.	Α.	COMPANY BEGUN DISCHARGING ANY NE List pollutants & process:						??	Yes∏ No⊠
		Will MSD STP exceed existing NPD	ES discha	arç	ge limit	(s)?	?		Yes No Yes No
,	C.	Will MSD STP's discharge exceed (MSD must notify MDNR if B or C	U.1 mg/1	IC	or any n	ew p	oollutant:	) A	Tes NO
	D	Comments:	is yes ai	IU	arschar	ge v	VIII COMEIN	iuc.,	
	υ.	Commencs.							
5.	ARE	THERE ANY FEDERALLY REGULATED (4	0 CFR 405	5 <b>-</b> 4	471) <u>OPE</u>	RAT	IONS?		Yes⊠ No□
	Α.	If yes, list reg. & describe (in	cluding a						
		40 CFR 460 (No pretreatment stan	dards)						
,	202	COMPLETE UNCHRUMED COMPLNE	MITMIT NON	C	יו זגונגז ייזי אי	D T O	р то слмотт	INCO	Yes□ No⊠
6.		S CATEGORICAL WASTEWATER COMBINE At which points?	MITH NOW.		HI. WW E	KIU	K 10 SMHEDI	.110:	iea Lino M
		Current applied factor:		-	Is it co	rred	ct?		Yes No
		If no, what is the correct							
	٠.	factor & explain change?							
		•							, , , , , , , , , , , , , , , , , , ,
7.		ANY WASTEWATER SUBJECT TO PRODUCT	CION OR MA	AS	S BASED	STA	NDARDS?		Yes∏ No⊠
	Α.	At which points?		_	1	٦			V
	В.	Since calculation of the current production rate or discharge vol	nt limits	, ~~.	nas the	: 101	ng term av more?	erage	Yes No
	C	If yes, explain:	ume Chall	3=0	u Dy 200	, ОТ	more:		
	· ·	ir yes, exprain.							

(01/03)

8.	ARE A.		VE MATERIALS HANDLED ations & disposal:	Nuclear med		sotopes held	Yes⊠ No∏ for decay,
		_				ed off site.	general Passard
	В.	Does company	have MSD authorization	on to disposal	to sewer	:?	Yes⊠ No□
	C.	Date of Autho		Annual	amt appro	oved: 12 mC	
	D. E.	Has company e If yes, expla	xceeded the approved in:	quantity?			Yes□ No⊠
9.	DOE	S WATER USE AF	PEAR EXCESSIVE?				Yes□ No⊠
٠.		•	erified & needed char			usage obser	
		-		normal			rmed and the
				size of	the fac	ility.	
10.	РДН	COMPANY EXCER	DED ORDINANCE DISCHA	RGE LIMITS SIN	ICE		Yes⊠ No□
10.			ON OR WITHIN THE LAS				
	Α.	If yes:		Sample	Is prob	lem resolved	?
	_	Pollutant	When	Points	Yes/No	Describe	
	ſ	Silver	9/16/02	001	Yes	4 th Quarter	
					<u> </u>	return to c	ompliance
				a	N/A		
	-				N/A N/A		×
	-				N/A		A A A A A A A A A A A A A A A A A A A
	-				N/A		Accessed to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
	В.	Comments:			1,		
11.			DED CATEGORICAL PRET		S SINCE	NA	.⊠ Yes□ No□
			ON OR WITHIN THE LAS		T	1 11'	n
	Α.	If yes:	Fifth and	Sample Points	Is prob Yes/No	lem resolved Describe	•
	Ē	Pollutant	When	POINTS	N/A	Describe	
	}	- PRESENTATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY			N/A		
	ŀ				N/A		AMANA S S
	ŀ				N/A		
	ļ				N/A		
	Ī	,			N/A		
	в.	Comments:					
						10	V D N- 17
12.			NNY PROBLEM DISCHARGE Bypasses of pretre	S SINCE LAST I	ties2	N?	Yes□ No⊠
	Α.	Upsets?  Spills?	Slug discharges? [		cres.		
	B	Explain any m	_	_ ocner.			
	υ.	DAPIGIN GILY					
13.	ARE	ANY SOLVENTS					Yes⊠ No□
	Α.	Which solvent				ethylene chlo	<u>ride</u>
		What used for			5_		
	C.	How disposed?	Collected and ha	uled			
1 /	COLL	ID CDILLC OD I	LEAKS OF STORED CHEMI	CALS WASTES (	OR PROCESS	5	Yes□ No⊠
14.			REACH SANITARY SEWER			<u> </u>	
	A.		needs to be done?				
			e they controlled?	Stored mater			from floor
				drains. Fuel	s have co	ntainment.	

15.			HAVE ANY	SPILL, SL			NAGEMEN	opy in File	omr): ? Update ne	resM	NOL
		If yes: Title			SMP? 413/433	Last Updat		SMP only)			
	ĺ		s Chemica	l Spill	N/A	1/1/9		Yes	No		
		Plan		<b>L</b> -							
					N/A			N/A	N/A		
					N/A			N/A	N/A	Yes	No
	В.	If no, i	s one need	ed? (wri	te company	and re	equest			1es_	МОШ
16.	HA 7	ARDOUS WA	ASTES:								
10.	Α.	Was the co	mpany informe	ed/reminded	that solid	& hazard	ous wast	e managemen	t regulations	Yes⊠	No
	В.		st and may po					has not be	en previously	Yes□	No🏻
	ъ.	reported t	o MSD (under	40 CFR 403	3.12(p))?				•	Libror	
	C.		B, list haz w mpany provide		Public Notic	- /Haz W	aste Dis	charge Noti:	fication"	Yes⊠	МоП
	D.	form for t	he above regi	eu with a ulations (r	egardless of	whether	there a	re any disc	narges)?	162M	иоП
	F.	Comments:									
17.	V D E	PMEDCENIC	CY NOTIFICA	מדרות PRO	CEDURES PO	OSTED?				Yes🏻	No
1/.			contacts 1		CDDOMBO I	00100.				Yes⊠	
			either, d		how handle	ed:					
1.0	T.0	COMPANY F	REQUIRED TO	CELE MO	NITMAD ANIV	OE WHE	TD DIC	רטאפרדכי		Yes⊠	МОП
18.	A.	Tf ves.	requiremen	t is con	tained in	permit		or other	document [		
	В.	If other	document,	date &	descriptio	on:				_	
	C.	How freq	uently is	sampling	required	<u>Qu</u>	arterl	Y			
	D.	How freq	uently are	reports	required?	? Qu	arterly	Y roper per	son?	Yes⊠	моП
	E. F.	-		on-time,	combiece	a signe	ed by F	Tober ber	3011.	16257	.,0
			_								
19.	IF	COMPANY	SELF-MONITO	ORS (REQ	D OR NOT	, DOES	IT CO	LLECT REP	RESENTATIVE	Yes⊠	N/A
			MPLES & US xplain nee			JFR136	WASTEWA	ALEK TEST	METHODS?	ıes⊠	моШ
	Α.	11 110, 6	Aprain nee	aca chan							
20.	IS	COMPANY	UNDER ANY	ENVIRONN	MENTAL ENE	FORCEMEN	NT ORDE	ERS OR RE	QUIREMENTS	Yes 🗌	No🏻
			MPLIANCE S		REPORTS?						
			type and d reports &		 been on-t	ime & c	complet	e?		Yes	No
			xplain:							<del>u .</del>	
										Vaa 🗆	№⊠
21.	DOE A.		regory NEEL correct c							res	моМ
	А.	SIU [	CIU		Surchar	ge 🔲	Potent	ial Toxic	Waste 🗌		
		- Connect	c Waste 🗌	No E	Process Fl		Mul	ti User [	] IIU [		
	В.	Explain	changes:								
22.	C D N	IPLE POINT	rs							DJ	(y/n)
~~ .	SP		Fed.Reg.	N/A	Compo	nents:	Hospi	tal waste	+ NCCW +		No
			,				blowd				
	SP	# 002	Fed.Reg.	N/A	Compo	nents:	Hospi	tal waste			No
	SP	# 003	Fed.Reg.	N/A	Compo	nents:	Hospi	tal waste		<u></u>	No
	SF	#   003	red.Reg.	N/A	Compe	menes.	nospi	car wasco			
	SP	# 004	Fed.Reg.	N/A	Compo	nents:	NCCW				Yes
							<u> </u>				) N
	SP	# 005	Fed.Reg.	N/A	Compo	nents:	Hospi	tal waste			No
		L	<u> </u>				<u> </u>				1

(01/03)

23.	ANY UNSAME	PLED DISC	CHARGES? (lis	st each late	ral separate	ely)		Yes 🗌	NoX
	Dummy SP #	#	Components:						·
	Dummy SP	#	Components:						
24.			DINTS OPENED			Ch and d		Yes	
	A. If any	y SPs car	nnot be locat	ted or opene	d, explain:	Stored	mate		were
						covering	<del></del>	A	The
				•		contact	will	have	them
						cleared	away.		
	B. If any	y SP desc	cript's need	to be chang	ed, explain	:			
25.	REVIEW THE	E SAMPLE	POINT MAP!		Last ma	ap revision	date: _		
	A. Is th	he map co	orrect and ac	ccurate in a	ll its deta:	ils?		Yes⊠	No
			changes are r						
USE	THIS SPACE FO	OR ANY OT	HER COMMENTS/	OBSERVATIONS	PERTINENT TO	O YOUR INSPE	CTION OF	THIS SIT	re.

(01/03)

# OPOLITAN ST. LOUIS SEWER DISTR INDUSTRIAL DATA SHEET - FACILITY INFORMATION

**INDUSTRY NAME:** 

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO:

4112195100

Premise Address

3635 & 3655 Vista Ave.

St. Louis, MO 63110

INDUSTRIAL USER CATEGORIZATIONS

High

Flow

Pot Toxic

Waste

Multi User No Proc Acct

Effective Date SIU Criteria 08/23/1990 Reasonable potential for adverse affect on oper

03/06/1997

Effective

**Date** 

SIU CIU Surcharge

Flow

<u>IIU</u>

GENERAL INFORMATION

Office Mailing Address

3635 Vista Ave.

St. Louis, MO 63110 0250

20F1 MSD Base Map:

Wun: St. Louis City & Co.

Grid: H 21 Page: 38 Last Routine Inspection Date; 04/07/2003

Inspector: James Goodall

Next Due: 06/30/2004

**Last Inspection** 

Date:

Inspector

**Shift Duration** 

8

8

Permit Issue Date:

Permit Exp.Date:

IUQ Recvd Date:

Reviewer:

01/01/2002 12/31/2006

07/09/2001

Fabian Grabski

Permit Number

01721

04/07/2003 Type: RIN

Extend / Term Date

Permit Writer Fabian Grabski

CONTACTS:

Field Contact - Primary Field Contact 1st Alt

Office Contact - Primary

Phil Van Cleave, FMA

H.C. Abbott

Phil Van Cleave, FMA

Director of Building Services Aministrative Assistant

Director of Building Services

**Shift Start Time** 

07:00 AM

Office Phone (314) 577-8072 Ext

James Goodall

(314) 577-8070 Ext Office Phone

Other Agencies

(314) 577-8072 Ext

MDNR - Hazardous Waste Program

Office Phone

OPERATIONAL INFORMATION

Work Days / Week: Employees:

Hrs. of Operation:

Shifts / Day:

7 3,115 3

1 2 24

On-Site Storage:

Shift No.

616 03:00 PM 615 11:00 PM

No. of Emp.

1,884

Y On-Site Disposal: N Off-Site Disposal:

COMMENTS Cont-op, SPCCP-yes

**NON-SEWERED WASTE** 

Former Bethesda Hospital is now occupied by the hospital and referred to as the West pavilion. JEG 6/28/02

PRODUCT & SERVICE INFORMATION

SIC DESCRIPTION

8062 General Medical & Surgical Hospitals

Raw Materials / Processes:

Surgery, x-ray and diagnostic services

Products / Services:

General hospital service

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Modification Date 04/18/2003 Modification Time 8:38:00AM

MSD 038830

# KOPOLITAN ST. LOUIS SEWER DISTR INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL 4112195100

Premise Address

3635 & 3655 Vista Ave.

PRIMARY MSD ACCOUNT	NO: 4112195100		St. Louis, M	MO 63110
WATER CONSUMPTION	Start Date: 06/01/2001 End	Date = 12/31/2002	Wdays Cdays	
AND WASTEWATER	Acct No.	Consumption		Discharge
DISCHARGE	4112195001	CCF's Gallons		Gal / Wday Gal / Cday
Sewer Accounts	04/20/2001 07/27/2001	2,660	99 99	
4112195001	07/28/2001 10/30/2001	3,183	95 95	
4112195100	10/31/2001 01/29/2002	794	91 91	
9009153601	01/30/2002 04/29/2002	900	90 90	
	04/30/2002 07/26/2002	1,291	88 88	
	RF 0.68 Acct. Total	8,828 6,603,803	463 463	9,699 9,699
	4112195100	CCF's Gallons		Gal / Wday Gal / Cday
	04/20/2001 07/27/2001	23,400	99 99	
	07/28/2001 10/26/2001	22,000	91 91	
	10/27/2001 01/29/2002	13,800	95 95	
	01/30/2002 04/19/2002	11,900	80 80	
	04/20/2002 07/26/2002	22,800	98 98	
	RF 0.81 Acct. Total	93,900 70,242,083	463 463	122,886 122,886
	9009153601	CCF's Gallons		Gal / Wday Gal / Cday
	04/20/2001 07/27/2001	6,850	99 99	
	07/28/2001 10/18/2001	6,010	83 83	
	10/19/2001 01/22/2002	6,250	96 96	
	01/23/2002 04/19/2002	5,660	87 87	
	04/20/2002 07/23/2002	8,330	95 95	
	RF 1.00 Acct. Total	33,100 24,760,521	460 460	53,827 53,827
	Facility Total	135,828		186,412 186,412

Report No. ECIM012A 04/18/2003 Data Date & Time

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# kopolitan st. louis sewer distr INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL

Premise Address

3635 & 3655 Vista Ave.

PRIMARY MSD ACCOUNT NO:

4112195100

St. Louis, MO 63110

SEWER CONNECTION INFORMATION

LATERAL NO:

Lateral Type

DS MH

Treatment Area

Trunk Sewer

01

Sanitary Or Combined

20F3 350C

Bissell Point

Old Mill Creek

Description Multiple lines from W side of hospital and E side of W pavilion to loading drive

Sewer Route W on Vista in 27 pipe to 39th St, then N in trunk to treatment plant

SAMPLE POINT No.

001

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

Quantity

N/A

Description MH in driveway W of loading dock at SW corner of main hospital building

**Process Description** 

**Discharge Components** 

10,000

RUD **Effective Date** 06/28/2002

Non Contact Cooling Water

HVAC

56,000

Hospital Waste

D

Boiler Blowdown

26,000 92,000

D **GPD** 

Unit

GPD

GPD

LATERAL NO:

Lateral Type

DS MH

Treatment Area

Trunk Sewer

02

Sanitary Or Combined

20F3 350C

Bissell Point

Old Mill Creek

Description Line S from S side of building to Vista Ave

Sewer Route W on Vista in 27 pipe to 39th St, then N in trunk to treatment plant

002

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

Description MH on Vista, 15' S of sidewalk, 36' E of island S of main hospital building

Quantity

RUD

**Discharge Components** 

**Process Description** 

**Effective Date** 06/28/2002

Hospital Waste

56,000 **GPD** 

Unit

TOTAL ONTY:

TOTAL QNTY:

56,000

LATERAL NO: 03

Lateral Type Sanitary Or Combined

DS MH 20F3 350C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

Description Line SE from S side of building at entrance drive to Vista Ave.

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant

SAMPLE POINT No.

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

**Description** MH 54' E of SW corner of West Pavilion building

**Discharge Components** 

RUD

RUD

D

**Process Description** 

Quantity <u>Unit</u> GPD

**Effective Date** 05/14/2002

Hospital Waste

TOTAL ONTY:

5,000

5,000

LATERAL NO:

Lateral Type

DS MH

Treatment Area

Trunk Sewer

04

Sanitary Or Combined

20F3 362C

Bissell Point

Old Mill Creek

**Description** Line W from SW corner of parking garage to Spring Ave.

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant

004

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

SAMPLE POINT No. Description 6" t-vent inside W Pavilion parking garage 10' N, 18' E of SW corner

**Process Description** 

Quantity Unit

936

**Effective Date** 05/14/2002

**Discharge Components** Non Contact Cooling Water

936 GPD

TOTAL QNTY:

LATERAL NO:

Lateral Type

DS MH 20F3 362C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

Description Manhole 93' S, 9' W of NW corner of W pavilion building

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant

Sanitary Or Combined

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# OPOLITAN ST. LOUIS SEWER DISTR INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL

Premise Address

3635 & 3655 Vista Ave.

St. Louis, MO 63110

PRIMARY MSD ACCOUNT NO:

4112195100

N/A

SAMPLE POINT No.

005

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

**Discharge Components** 

Description MH 93 'S, 9' W of NW corner of W Pavilion building

Quantity

Unit RUD **Effective Date** 

Hospital Waste

**Process Description** 

5,000 **GPD** 

05/14/2002

TOTAL QNTY:

5,000

PRETREATMENT TYPES

SPN Pretreatment Description

SPN

**Pretreatment Description** 

**SPN** 

**Pretreatment Description** 

001 Electrolysis 002 Electrolysis 001 002 Grease Trap Metallic Replacement 001

Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description

Status

Pollutant Description

Status

Pollutant Description

Status

Chloroform

KP

Methylene Chloride

KP

Phenol

ΚP

EXTRA STRENGTH SURCHARGE INFORMATION

Certification / Recertification Date

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For Account Number Selecte Located at 4112195100

ECIMS FACILITY CONTACTS T LOUIS UNIVERSITY HOSPITAL

3635 & 3655 Vista Ave.

St. Louis

MO 63110-

Address Type Contact Type	Contact Name	Contact Title	Phone Type	Number	Ext.
Office Mailing Address Office Contact - Primary Office Contact 1st Alt	Phil Van Cleave, FMA H.C. Abbott	Director of Building Services Administrative Assistant	OFF OFF	(314)577-8072 (314)577-8070	
Premise Address Field Contact - Primary Field Contact 1st Alt	Phil Van Cleave, FMA H.C. Abbott	Director of Building Services Aministrative Assistant	OFF OFF	(314)577-8072 (314)577-8070	

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# ECIMS REP OF FIELD SAMPLING REQUIREMENT

Account No Entered 4112195100

#### ST LOUIS UNIVERSITY HOSPITAL

T288000	PN		Premise Address	CITY	ST ZIP
T208000   Biochemical Oxygen Demand (6 Dx   Oncel/year   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 0	0.0000000000000000000000000000000000000		3635 & 3655 Vista Ave.	St. Louis	
T2213000   Chemical Oxygen Demand   Oncelyear   Comp-Time 04 Hrs   Grab   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04 Hrs   Comp-Time 04	001	Poll Code	Pollutant Description	Frequency	Sample Type IM = IPD - Company - MSD End Date 06/30/2004
T234000		T208000		•	
T237000			- T	•	·
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T255000			•	•	
T332000			·	•	
T371000			-	•	
T388000			***************************************	•	
T393000   Silver (Total)			•	•	
Total Toxic Organics				•	
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# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Compan	ny: St. Louis UNIVERSITY Hospital Account #: 4112 19	751-00
Premis	se Address: 3635-3455 Vista AV Zip Code: 63	Me4UB/10
	Inspection Date: 5/10/01	R
MSD Ca	ategories: SIU CIU Surcharge Potential Toxic Waste	
	Non-Toxic Waste No Process Flow Multi User	IIU
Compan	ny Representative: Phil VAN CIEAUE	
Title:	: DIRECTOR Of Building SERVICES Phone #: (314) 57	7-8072
Others	s Present: JASON GILL, MSD	
	ctor: Jim Goodall	
	CTION DATE: 5/14/02 Time of Inspection: From / 00	, To 2
NOTE:	ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSW	ERS ARE BASED
	ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMAT	ION IN FILE.
***	ECIMS ALSO UPDATED WITH APPROPRIATE CHANGES - USING THE ABOVE INSPECTION	N DATE ***
1.	ARE THERE ADDITIONAL ACCOUNT NUMBERS?	Yes No
	List them, note any changes & reasons: 4/12 1950-00 (3655 Vist)  WAS PURCHASED & IS NOW PART OF ST. L. U. Hospita-)	1, building
2.	PROCESS & CLEANUP/WASHDOWN: Water Frequency of	
	Description Cont/Batch used? <u>discharge</u>	Sample pt.
		00/,002
	Clinical & RESEARCH LABS CONT YES daily	001,002
	IN-PATIENT PSYCHIATRIC CARE CONT YES daily	001,003
		_
3.	ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS?  A. If yes, list reg. & describe (including any discharge):	Yes_No_
. •	40 CFR 460 (NO PRETREATMENT S	tds)
4.	DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING?	Yes No
	A. At which points?  B. Current applied factor: Is it correct?	Yes No
	C. If no, what is the correct factor & explain change?	
5.	IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS?	Yes No
	<ul><li>A. At which points?</li><li>B. Since calculation of the current limits, has the long term average</li></ul>	1
	production rate or discharge volume changed by 20% or more?	YesNo
	C. If yes, explain?	
6.	ARE ANY RADIOACTIVE MATERIALS HANDLED?	YesNo
	A. Describe operations & disposal: Held for decay & hauled off.  B. Does company have MSD authorization to disposal to sewer?	Yes No
	C. Date of authorization: $\frac{4}{2}/99$ Annual amt approved: $\frac{12}{2}$	n Ci
	Does company have MSD authorization to disposal to sewer?  C. Date of authorization: 4/1/99 Annual amt approved: /2/  D. Has company exceeded the approved quantity?  E. If yes, explain:	Yes_ No_
	u. II yes, explain.	
7.	DOES WATER USE APPEAR EXCESSIVE?  A. Explain how verified & needed changes: LARGE Volume used	Yes_No_
	NORMAL FOR FACILITY this SIZE to MAINTAIN	C/EAN-
	liness & SANITARY CONditions.	
	, 1	(08/01)

8.		OMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS S AST INSPECTION OR WITHIN THE LAST 12 MONTHS? If yes: Pollutant When		
	в.	Comments:		
9.		OMPANY EXCEEDED CATEGORICAL PRETREATMENT LIM AST INSPECTION OR WITHIN THE LAST 12 MONTHS? If yes: Pollutant When	Sample	NA Yes No Is problem resolved? yes/no - describe
	В.	Comments:		
10.	HAVE A. B.	THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST  Upsets? Bypasses of pretreatment  Spills? Slug discharges?  Explain any marked:	facilities Other?	?
11.	ARE A A. B. C.	NY SOLVENTS USED? Which solvents? ChloRoform, phenol, fold What used for? How disposed?  Collected & haule ded	uene, xy fests	LIENE, METHYLENE CHTORIC
12.	A. If	COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAG yes: SMP? Last Title 413/433 Update AZARDOUS CHEMICAL NO 1/98 Spill P/AN	Copy in f	ile? <u>Update needed?</u> SMP) Explain if ves
13.		SPILLS OR LEAKS OF STORED CHEMICALS, WASTES IALS EASILY REACH SANITARY SEWERS OR STORM D If yes, what needs to be done?		YesNo
	В.	If no, how are they controlled? <u>Stored</u> From Floon drains. Fue	materi LS have	Als ARE ISOLATED CONTAINMENT.
14.	ARE E	MERGENCY NOTIFICATION PROCEDURES POSTED? Are MSD contacts listed? If no to either, describe how handled:		YesNo YesNo
15.	IS CO A. B. C.	MPANY REQUIRED TO SELF-MONITOR ANY OF THEIR  If yes, requirement is contained in permit  If other document, date & description:	or ot	her document
	D. E.	How frequently are sampling & reports requi Have reports been on-time, complete & signe If no, explain:	d by prope	r person? Yes_No_

16.	IS CO OR RE A.	Yes No_		
	В. С.	Have the reports & actions been on-time & complete?  If no, explain:	Yes	No
17.	DOES A. B.	MSD CATEGORY NEED TO BE REVISED? Indicate correct categories: SIU CIU Surcharge Potential Toxic Waste Non-Toxic Waste No Process Flow Multi User IIU Explain changes:	Yes	_ No
18.	SP No	E POINTS . 001 Fed. Reg. No Components: Hospital + NCW + Boiler b.	lowdn	OJ (y/n)
		.002 Fed. Reg. No Components: Hospital WastE		~
		.003 Fed. Reg. No Components: Sanitary		N
		.004 Fed. Reg. No Components: NCCW		<u>N</u>
	SP No	.005 Fed. Reg. NO Components: SANITARY		<u>~</u>
19.	UNSAM 1. 2. 3.	PLED DISCHARGES? (list each lateral separately)	Yes	No_
20.	WERE A. B.	ALL SAMPLE POINTS OPENED AND INSPECTED?  If any SPs cannot be located or opened, explain:  If any SP descriptions need to be changed, explain:  Show difference between hospital & W. pauilion	Yes_	
21.	REVIE A. B. C.	W THE SAMPLE POINT MAP! Last map revision date: Are all sample points correctly located & identified?	Yes_ Yes_ Yes_	No U
		ACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION		SITE.
Fo	RMER	BETHESDA HOSPITAL IS NOW THE WEST PAVILLIO	N of	annan are in the san Allertica
	54. 6	. U. Hospital. OpERAtiONS ARE RESEARCH labs,	office	<u> </u>
/	05401	hiatric CARE. The West Pavilion will dischar	ge t	<u>-0</u>
	SPOC	OI & NEW POINTS 003, 004, 005. A QUESTIONNA	IRE 1	<u>'5</u>
_6	EING	REVISED by Phil VAN CLEAVE FOR PERMIT MOD	', ficat	IONS
	***************************************			ALLIA
***************************************				

# ROPOLITAN ST. LOUIS SEWER DISTI INDUSTRIAL DATA SHEET - FACILITY INFORMATION

**INDUSTRY NAME:** 

ST LOUIS UNIVERSITY HOSPITAL

PRIMARY MSD ACCOUNT NO:

4112195100

Premise Address

3635 & 3655 Vista Ave.

St. Louis, MO 63104

INDUSTRIAL USER CATEGORIZATIONS

Effective Date

SIU Criteria

**Effective Date** 

SIU CIU Surcharge

<u>High</u>

No Proc Multi User Pot Toxic Waste Flow

03/06/1997

Flow

<u>IIU</u>

08/23/1990 Reasonable potential for adverse affect on oper

GENERAL INFORMATION

Office Mailing Address

3635 Vista Ave.

St. Louis, MO 63110 0250

20F1 MSD Base Map:

Wun: St. Louis City & Co.

Grid: H 21 Page: Last Routine Inspection 05/14/2002

Date: Inspector:

Last Inspection

James Goodall

Next Due:

Date:

Inspector

06/30/2004

07/09/2001 IUQ Recvd Date: Fabian Grabski Reviewer:

Permit Issue Date:

01/01/2002

Permit Number

01721

Permit Exp.Date:

12/31/2006

Extend / Term Date

Permit Writer Fabian Grabski

**CONTACTS:** 

Field Contact - Primary Field Contact 1st Alt

Office Contact - Primary

Phil Van Cleave, FMA

Phil Van Cleave, FMA

H.C. Abbott

Director of Building Services

Aministrative Assistant Director of Building Services Office Phone

James Goodall

Office Phone

(314) 577-8072 Ext

Office Phone

Other Agencies

05/14/2002 Type: RIN

(314) 577-8070 Ext (314) 577-8072 Ext

MDNR - Hazardous Waste Program

OPERATIONAL INFORMATION

Work Days / Week: **Employees:** 

Hrs. of Operation:

Shifts / Day:

3,115 3

Shift No. 7 1 2

24 3

On-Site Storage:

1,884 07:00 AM 03:00 PM 616 11:00 PM 615

No. of Emp.

**Shift Duration Shift Start Time** 8 8

Y On-Site Disposal: N Off-Site Disposal:

COMMENTS Cont-op, SPCCP-yes

**NON-SEWERED WASTE** 

Former Bethesda Hospital is now occupied by the hospital and referred to as the West pavilion. JEG 6/28/02

PRODUCT & SERVICE INFORMATION

SIC DESCRIPTION

8062 General Medical & Surgical Hospitals

Raw Materials / Processes:

Surgery, x-ray and diagnostic services

Products / Services:

General hospital service

### ROPOLITAN ST. LOUIS SEWER DISTR INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL

Premise Address

3635 & 3655 Vista Ave.

PRIMARY MSD ACCOUNT NO:

4112195100

St. Louis, MO 63104

WATER CONSUMPTION AND WASTEWATER DISCHARGE

> Sewer Accounts 4112195001 4112195100 9009153601

1	Start Date: 12/01/2000	End Date =	12/31/2002	Wdays	Cdays		
I	Acct No.		Consumption			Discharge	
	4112195100	CCF's	Gallons			Gal / Wday	Gal / Cday
	10/19/2000 01/19/2	2001 14,100	1	93	93		
	01/20/2001 04/19/2	2001 14,500	•	90	90		
	04/20/2001 07/27/2	2001 23,400	)	99	99		
	07/28/2001 10/26/2	2001 22,000	)	91	91		
	RF 0.81 Acct. Total	74,000	55,355,848	373	373	120,210	120,210
	9009153601	CCF's	Gallons			Gal / Wday	Gal / Cday
	10/19/2000 01/19/2	2001 5,860	)	93	93		
	01/20/2001 04/19/2	2001 5,670	)	90	90		
	04/20/2001 07/27/2	2001 6,850	)	99	99		
	07/28/2001 10/18/2	2001 6,010	)	83	83		
	RF 1.00 Acct. Total	24,390	18,244,988	365	365	49,986	49,986
	Facility Total	98,390	)			170,196	170,196

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL

Premise Address

3635 & 3655 Vista Ave.

PRIMARY MSD ACCOUNT NO:

4112195100

St. Louis, MO 63104

Unit

GPD

GPD

GPD

SEWER CONNECTION INFORMATION

LATERAL NO:

Lateral Type

DS MH

Treatment Area

Trunk Sewer

01

Sanitary Or Combined

20F3 350C

Bissell Point

Old Mill Creek

**Description** Multiple lines from W side of hospital and E side of W pavilion to loading drive

Sewer Route W on Vista in 27 pipe to 39th St, then N in trunk to treatment plant SAMPLE POINT No.

001

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

Quantity

N/A

**<u>Description</u>** MH in driveway W of loading dock at SW corner of main hospital building

**Discharge Components** 

**Process Description** 

10,000

**Effective Date** 

Non Contact Cooling Water

**HVAC** 

06/28/2002

Hospital Waste

56,000

D D

RUD

Boiler Blowdown

TOTAL ONTY:

26.000 92,000

LATERAL NO:

Lateral Type

DS MH 20F3 350C Treatment Area Bissell Point

Trunk Sewer

02

Sanitary Or Combined Description Line S from S side of building to Vista Ave

Old Mill Creek

Sewer Route W on Vista in 27 pipe to 39th St, then N in trunk to treatment plant

002

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

**Discharge Components** 

Description MH on Vista, 15' S of sidewalk, 36' E of island S of main hospital building **Process Description** 

Quantity

Unit RUD **Effective Date** 06/28/2002 GPD

Hospital Waste

TOTAL ONTY:

56,000 56,000

LATERAL NO:

Lateral Type

DS MH Sanitary Or Combined 20F3 350C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

U.S

**Description** Line SE from S side of building at entrance drive to Vista Ave.

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant

SAMPLE POINT No.

003

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

**Description** MH 54' E of SW corner of West Pavilion building

**Discharge Components** 

**Process Description** 

RUD **Effective Date** Quantity Unit **GPD** 

Hospital Waste

TOTAL ONTY:

5,000 5,000

05/14/2002

LATERAL NO: Lateral Type DS MH

04

Sanitary Or Combined

20F3 362C

**Treatment Area** Bissell Point

Trunk Sewer Old Mill Creek

Description Line W from SW corner of parking garage to Spring Ave.

SAMPLE POINT No.

004

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant SAMPLE POINT TYPE, Ordinance

NPDES Outfall No:

N/A

Description 6" t-vent inside W Pavilion parking garage 10' N, 18' E of SW corner **Discharge Components** 

**Process Description** 

Quantity Unit

936

**Effective Date** 

D 936 GPD

**RUD** 05/14/2002

Non Contact Cooling Water

Lateral Type

DS MH 20F3 362C

Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

TOTAL QNTY:

LATERAL NO:

05

Description Manhole 93' S, 9' W of NW corner of W pavilion building

Sewer Route W in 3'x4' pipe to 9' pipe, N to trunk to treatment plant

Sanitary Or Combined

Report No. ECIM012A 07/01/2002 Data Date & Time

07/01/2002

10:50:00AM 10:50:01AM Page 3 of 4

Modification Date 07/01/2002 Modification Time 10:49:29AM

# ROPOLITAN ST. LOUIS SEWER DISTI INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

ST LOUIS UNIVERSITY HOSPITAL

Premise Address

3635 & 3655 Vista Ave.

St. Louis, MO 63104

GPD

PRIMARY MSD ACCOUNT NO: SAMPLE POINT No.

4112195100

NPDES Outfall No:

Description MH 93 'S, 9' W of NW corner of W Pavilion building

005

**Discharge Components** 

SAMPLE POINT TYPE. Ordinance

Unit RUD

Effective Date

Hospital Waste

**Process Description** 

Quantity 5,000

05/14/2002

TOTAL QNTY:

5,000

PRETREATMENT TYPES

**SPN** Pretreatment Description

SPN

**Pretreatment Description** 

**SPN** 

Pretreatment Description

Electrolysis Electrolysis 002

001 002 Grease Trap Metallic Replacement 001

Phenol

Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description Chloroform

Status ΚP

Pollutant Description Methylene Chloride

Status KP

Pollutant Description

Status KP

EXTRA STRENGTH SURCHARGE INFORMATION

Certification / Recertification Date

11

For Account Number Selecte Located at ECIMS FACILITY CONTACTS
4112195100 ST LOUIS UNIVERSITY HOSPITAL

3635 & 3655 Vista Ave.

St. Louis

MO 63104



Address Type

Contact Type	Contact Name	Contact Title	Phone Type	Number	Ext.
Office Mailing Address Office Contact - Primary Office Contact 1st Alt	Phil Van Cleave, FMA H.C. Abbott	Director of Building Services Administrative Assistant	OFF OFF	(314)577-8072 (314)577-8070	
Premise Address Field Contact - Primary Field Contact 1st Alt	Phil Van Cleave, FMA H.C. Abbott	Director of Building Services Aministrative Assistant	OFF OFF	(314)577-8072 (314)577-8070	



Account No Entered 4112195100

#### ST LOUIS UNIVERSITY HOSPITAL

ST ZIP CITY Premise Address SPN 3635 & 3655 Vista Ave. St. Louis MO 63104 **End Date** 06/30/2004 IPD - Company - MSD IM Sample Type 001 Poll Code **Pollutant Description** Frequency Once/year Comp-Time 04 Hrs T208000 Biochemical Oxygen Demand (5 Da Comp-Time 04 Hrs T213000 Once/year Chemical Oxygen Demand Grab T234000 Oil and Grease (Total) Once/year Once/year Grab T237000 рΗ Once/year Grab T247000 Temperature Comp-Time 04 Hrs **Total Suspended Solids** Once/year T256000 Once/year Grab T332000 Chloroform Grab Methylene Chloride Once/year T371000 Comp-Time 04 Hrs T388000 Phenol Once/year Comp-Time 04 Hrs T393000 Silver (Total) Once/year Grab T999000 **Total Toxic Organics** Once/year = IPD - Company - MSD **End Date** 06/30/2004 Sample Type IM 002 **Pollutant Description** Frequency Poll Code Comp-Time 04 Hrs Biochemical Oxygen Demand (5 Da Once/vear T208000 Once/year Comp-Time 04 Hrs T213000 Chemical Oxygen Demand Once/year Grab T234000 Oil and Grease (Total) Once/year Grab T237000 рΗ Grab Temperature Once/year T247000 Comp-Time 04 Hrs **Total Suspended Solids** Once/year T256000 Grab Chloroform Once/year T332000 Grab T371000 Methylene Chloride Once/year Comp-Time 04 Hrs T388000 Phenol Once/year Comp-Time 04 Hrs T393000 Silver (Total) Once/year Grab Once/year T999000 **Total Toxic Organics** = IPD - Company - MSD **End Date** 06/30/2004 IM Sample Type 003 **Pollutant Description** Frequency Poll Code Comp-Time 04 Hrs Biochemical Oxygen Demand (5 D: Once/year T208000 Once/year Comp-Time 04 Hrs Chemical Oxygen Demand T213000 Once/year Grab Oil and Grease (Total) T234000 Once/year Grab рΗ T237000 Once/year Grab Temperature T247000 Once/year Comp-Time 04 Hrs **Total Suspended Solids** T256000 06/30/2004 Sample Type IM = IPD - Company - MSD End Date 004 Frequency **Pollutant Description** Poll Code Comp-Time 04 Hrs Once/year T208000 Biochemical Oxygen Demand (5 Da Comp-Time 04 Hrs Chemical Oxygen Demand Once/year T213000 Grab рΗ Once/year T237000 Grab T247000 Once/year Temperature Comp-Time 04 Hrs T256000 **Total Suspended Solids** Once/year IM = IPD - Company - MSD **End Date** 06/30/2004 Sample Type Frequency 005 Poll Code **Pollutant Description** Comp-Time 04 Hrs T208000 Biochemical Oxygen Demand (5 Da Once/year Comp-Time 04 Hrs T213000 Chemical Oxygen Demand Once/year Grab T234000 Oil and Grease (Total) Once/year Grab T237000 Once/year Grab T247000 Temperature Once/year Comp-Time 04 Hrs T256000 **Total Suspended Solids** Once/year

Report No. ECIM067A	07/01/2002	10:50:43AM			 000000000000000000000000000000000000000	Modification Date:	05/16/2002
Data Date & Time	07/01/2002	10:50:43AM	1	of	1	Modification Time	7:39:58AM

#### PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Health Sciences Center; Medical School

Permit No:

Premise No:

Reporting Period:

3555 Vista Avenue / 1402 South Grand Boulevard, 63104

□(JAN-MAR) □(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
	,
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing-violations.

Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 577-8609 1 6 2001
$\mathcal{N}$	E-PANTETON STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE O
Signature: Keun Fligner	Date: //0//2/0/
	<b>1</b>

## METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY SHORT REINSPECTION REPORT

Compar	ny: St. Louis University Hospital	Account #: 4/12 1951-00
Premis	se Address: 3635 Uista Av	Zip Code: <b>63104</b>
Last :	Inspection Date: 6/5/00	
MSD Ca	ategories: SIU CIU Surcharge	Potential Toxic Waste
	Non-Toxic Waste No Process	Flow Multi User IIU
	ny Representative: Phil Van Cleve	
Title	: DIRECTOR OF Building SERVICES	Phone #: 577-8072
Others	s Present: Christian Paul, Dir of Safe	Ty & IND HYGIENE
Insped	ctor: J. Goodall	200 255
INSPE	CTION DATE: 5/10/01 Time	me of Inspection: From 97 To 97
NOTE:	ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS ON INFORMATION PROVIDED BY COMPANY DURING INS	SINCE LAST INSPECTION. ANSWERS ARE BASED PECTION, AS WELL AS INFORMATION IN FILE.
1.	HAVE CONTACTS CHANGED?	Yes No
	New contact names/titles/types:	res no
2.	HAVE THERE BEEN ANY CHANGES IN OPERATIONS OR A. If yes, explain:	WASTEWATER DISCHARGE? Yes_ No
	B. Affecting which sample points?	
3.	ARE THERE ANY FEDERALLY REGULATED (40 CFR 405 A. If yes, list reg. & describe (including	5-471) OPERATIONS? YesNo
		g any accondinger.
4.	HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITHE LAST INSPECTION OR WITHIN THE LAST 12 MON	
	A. If yes:	Sample Is problem resolved?
	Pollutant When	Points yes/no - describe
,		
	B. Comments:	
	D. Comments:	
5.	HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT	LIMITS SINCE
	THE LAST INSPECTION OR WITHIN THE LAST 12 MON A. If yes:	NTHS? NAYes No
	Pollutant When	Sample Is problem resolved? Points yes/no - describe
	B. Comments:	
6	WAVE THERE DOES	· ·
6.	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE A. Upsets? Bypasses of pretreatm	LAST INSPECTION? Yes No ment facilities?
	Spills? Slug discharges?	Other?
	B. Explain any marked:	
	1	(01/01)

7.	HAVE THERE BEEN ANY CHANGES TO SPILL, SLUG OR SOLVENT CONTROL PLANS?  A. If yes, explain:	Yes_	_ No
8.	COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? A. If yes, what needs to be done?	Yes_	No_
9.	ARE EMERGENCY NOTIFICATION PROCEDURES POSTED?  A. Are MSD contacts listed?  B. If no to either, describe how handled:	Yes Yes	No_ No_
10.	IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES?  A. If yes, requirement is contained in permit or other document.  B. If other document, date & description:  C. How frequently are sampling & reports required? ** **Quarterly**  D. Have reports been on-time, complete & signed by proper person?  E. If no, explain:		No_
11.	IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? A. If yes, type and date: B. Have the reports & actions been on-time & complete? C. If no, explain:		No_
12.	DOES MSD CATEGORY NEED TO BE REVISED?  A. Indicate correct categories: SIU CIU Surcharge Potential Toxic Waste Non-Toxic Waste No Process Flow Multi User IIU  B. Explain changes:	-	No_
13.	WERE ALL SAMPLE POINTS OPENED AND INSPECTED?  A. If any SPs cannot be located or opened, explain:  B. If any SP descriptions need to be changed, explain:		No_
14.	REVIEW THE SAMPLE POINT MAP!  A. Are all sample points correctly located & identified?  B. Is the map correct and accurate in all its details?  C. If no to A or B, what changes are needed?	6/6/6 Yes_L	
	The hospital is purchasing the Bethesda facility at wista. Operations are expected to be in-patient psychiatric Care & business offices. Phil Van Care of be permit to permit to permit to permit to permit remited to st. L. Univ. Hospital during 2001 permit rem	3655 EVE Bethe EWA	SITE.  WILL  SITE.



3556 Caroline St., C-306

St. Louis, MO 63104-1085

Phone: 314-577-8608

FAX: 314-268-5560

## SAINT LOUIS UNIVERSITY

**Health Sciences Center** 

Office of Environmental Safety

July 27, 2000

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period April - June 2000

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Gary Rauchenbach (Anheuser Busch Eye Institute, Saint Louis University Hospital, and Saint Louis University Health Sciences Center - Wohl Facility).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by our office) will be incorporated in the report filed with your office by Cardinal Glennon Hospital. Consequently, there is no report included for Cardinal Glennon Hospital with this letter.

If you have any questions regarding these reports, please contact me at 577-8609.

Sincerely.

Kevin Ferguson

Health Physicist

RECE

JUL 2 8 2000

Environmental Complianve

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY INSPECTION REPORT

Compa	ny: 54. Louis UNIVE	RSITY	Hospi	ta!		Andreas and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
Premi	se Address: 3635 Vist	A AVE		Zip	Code: <u>63</u>	104
Maili	ng Address: SAME		one was a	Zip	Code:	
Accou	at #: 4112 1951 - 00			Current	MSD categor	y: <u>49</u>
Inspe	ction Contact Person: Phil	VAN Cle	EAVE			
Title	: DIRECTOR of BuildIN	19 SER	VICES	Phone #:	577-80	072
	s Present: NoNE					
Inspe	ction Date: 6/5/00	***	Time	e of inspection: F	rom 9°A	To 10 PA
Inspe	ctor: J. GoodAll		Reir	spection In	itial Inspe	ction
Refer	ences used: IUQ Date: $6/3o/c$	, 97 ID:	S Date:_	4/27/00 Per	mit Date:	1/1/98
	NOTE: ALL ITEMS ARE TO BE	<b>へへかわて.</b> をでをて	ח אמידו	ON EVENTS SINCE LA	ST INSPECTI	ON
	•		DAULU			
Date	of Last Inspection: $\frac{4/14/9}{}$	9				
1.	HAS FIELD CONTACT CHANGED? New contact name and title:					Yes No
2.	HAS EMPLOYEE NUMBER CHANGED? New Number:					YesNo
3.	HAVE SHIFTS OR DAYS PER WEEK New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: New Shifts: N	CHANGED? New Days	per Weel	C:		Yes_ No_
4.	ARE THE LISTED SIC'S ACCURATE Note any changes & why:	E & CORRE				Yes_No_
5.	ARE THERE ADDITIONAL ACCOUNT List them, note any changes &	אתזאום בים כי	: 90	09 1536-01		Yes_No_
6.	BATCH PROCESSES: Description None	New/ exist	Water used?	Frequency of discharge d	How/where ischarged(&	is water which SP)?
					anning and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
	Comments:					
7.	CONTINUOUS PROCESSES: Description	New/ exist	Water used?	Frequency of discharge d	How/where ischarged(&	
	HOSPITAL CARE & SURGICAL OPERATIONS	EXIST	YES	daily continuous	SEWER	001,002
	Clivical & RESEARCH LABS	Exist	YES	daily continuous	SEWER	001,002
8.	CLEANUP/WASHDOWN:	New/	Water	Frequency of	How/where	
	Description JANHORIAL CLEANING	exist EXIST	used? <u>YES</u>	discharge dally	ischarged(& <i>SEWER</i>	which SP)?
		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s				
	Comments:				1997-поскологоски, поскологоскогоскогоску учествення поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску поскологоску пос	

9.	PRETREATMENT: Description SilveR RecoveRy	New/ exist Exist	Frequency of discharge	How/where is water discharged(& which SP)? SEWER 00/,002		
	Kitchen grease trap	Exist	daily	SEWER	001	
10.	FOR ITEMS 6, 7, 8 AND 9: A. Is water use excessive? B. If yes to A, what needs to be	e done?			Yes No	
	C. Method used to verify A (atta APPEARS TYPICAL FOR	ach diagram $79966$	s/records as if operation	needed): <u>065</u> E V.	RVED flow	
11.	HAVE THERE BEEN ANY CHANGES IN PROC A. If yes, what? Changing to d. B. Affect which sample points?				Yes No Complete	
12.	HAVE THERE BEEN ANY CHANGES IN TYPE A. If yes, what? B. Comments:				Yes No	
13.	HAVE THERE BEEN ANY CHANGES IN WASTA.  If yes, what?  B. Affect which sample points?  C. Is surcharge status affected  D. Is return factor status affect  E. Is SIU status affected (proce  F. If yes to C, D or E explain:	(add,removeted (add,	e or change)?	nge) ?	Yes No Yes No Yes No Yes No	
14.	IS ANY WATER USED FOR COOLING?  What does it cool  HVAC System  Cyclotrow	Non-	Contact or Re	-thru Dischargedirc Where CT	? SP? 00/	
15.	ARE THERE ANY COOLING TOWERS?  A. If yes, is the water treated  B. What contaminants may be pres  C. How many?  D. Frequency & volume of blowdov  E. At which sample points?  F. Comments:	or conditi sent? <u>B</u> I Capaci	oned before of ocides ty (tons): <u>(</u>	r during use?	Yes No Yes No	
16.	IS ANY WATER USED IN BOILERS?  A. Is the water treated or condi B. What contaminants may be pres C. Frequency & volume of blowdov D. At which sample points?  E. Comments:	sent? <u>CAU</u> wn:daily-u	STIC, Or SC NKNGWN Disch	use? Avengers harge to: <u>Sew</u>	Yes_No_ Yes_No_	
17.	IS ANY WATER USED IN AIR POLLUTION  A. What types of devices? WEY  B. How is the water disposed?  C. What contaminants may be pres  D. Frequency & volume if dischar  E. At which sample points?  F. Comments:	SCRubbe SEW sent? rged: <u>GAIL</u>	O FOR INCINE	-RAFOR NrOH harge to: SEU	Yes_No_	
18.	ARE THERE, ON THE ROOF, ANY AIR POI EXHAUST FANS THAT DISCHARGE POLLUTA A. Describe: B. What contaminants may be pres C. List any sample points/storm of	ANTS? sent?			Yes No	
	C. List any sample points/storm of Comments:	main locat	Tons that wou.	rd leceive cue	SCOTHWACET:	

19.	ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS?  A. Food wastes? Affected sample points: 001  B. Petroleum wastes? Affected sample points:	YesNo
	C. Frequency of cleaning: Monthly  D. Are cleaning logs kept?  E. How is oil/grease disposed? hauled off site	Yes_No_
20.	ARE ANY SOLVENTS USED?  A. Which solvents? Chloroform, phenol, toluene, xylene, meth  B. What used for? /Ab REAGENTS,  C. How disposed? hauled off site	Yes No YENE CHIORIDE
21.	DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN?	Yes_ No_
•	A. If yes, last time updated: B. Update needed? C. Ifyes to B, why?	Yes No
	D. Is it part of another document? E. If yes, list document name:	Yes No
-	F. Is there a copy in MSD file? (Obtain copy)	Yes No
22.	ARE ANY INFECTIOUS MATERIALS HANDLED?  A. If yes, describe operations: fissue, bandages, inf materials. How is waste disposed? INCINERATE ON SITE, Ash hauled	Yes_No_
23.	ARE ANY RADIOACTIVE MATERIALS HANDLED?  A. Describe operations: Nuclear medicine, Cyclotron  B. MPC License No. 24 - 20196 - 0.7	Yes_No_
	C. How is waste disposed? hauled off & SEWERE &  D. If to sewer, describe procs: decayed on site prior to Sewe	e
	F. Date of authorization: 4/2/99 Annual amt approved: /	Z mCi
	G. Has company exceeded the approved quantity? H. If yes, explain:	Yes_ No_
24.	ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS?  A. If yes, describe: Y-RAY film PROCESSING (dey laser & W)  B. Are there silver recovery facilities?	Yes_No_ ef processors
	B. Are there silver recovery facilities? C. Affecting which sample points? 00/,002 D. Comments:	ies_ NO_
25.	ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER?  (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED)  A. If yes, what non-haz. wastes?   **REASE, INCINERATOR Ash.**	YesNo
	B. If yes, what hazardous wastes? Solvents, Silver bearing Solution C. How disposed? hauled off site D. MDNR and/or EPA hazardous waste generator No.: 01742 E. If yes to B and no HW#, explain why:	
26.	IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD?  A. If yes, describe:	Yes No
27.	DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS?  A. How many?  Capacities: 10,000 gar, 12,000 gar.	YesNo
	B. What do they contain? diesel fuel for generators	Yes No
	C. Have there been any known leaks from these tanks?  D. If yes to C, explain:	
	E. Are all of the tanks registered with MDNR?  F. If no to E, explain:	YesNo
28.	DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS?  A. How many? Capacities:	Yes No
	B. What do they contain?	Yes No
	D. If no to C, explain:  E. If yes to C, how is accumulated stormwater disposed?	

29.	COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS?	Vac	No.
	A. If yes, what needs to be done?	Yes	NO
	A. If yes, while needs to be done.		
30.	DOES COMPANY HAVE WRITTEN SPILL PREVENTION, CONTINGENCY,		
	POLLUTION PREVENTION, WASTE MINIMIZATION, ETC. PLANS?	Yes 🗂	No
	A. If yes, list titles: HAZARdous Chemicae Spill Plan	400	
	B. Last time updated: 1/98		
	B. Last time updated: //98 C. Is there a copy in MSD file? (Obtain copy)	Yes 💆	No
	D. If no to 30, is a plan needed?	Yes	
	E. If yes to D, explain:	omtoonp	
31.	DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN?	Yes	No /
	A. If yes, is it fully contained in another document?	Yes	-
	B. List plan's title:		
	C. Last time updated:	***************************************	
•	D. Is there a copy in MSD file? (Obtain copy)	Yes	Mo
			NO
	E. If no to 31, Is a plan needed?	165	140
	F. If yes to E, explain:		
20	ARE THEROTORY MORE TO A PROGRAMMED POSTED	Yes	
32.	ARE EMERGENCY NOTIFICATION PROCEDURES POSTED?		
	A. Are MSD contacts listed?	Yes	NO
	B. If no to 32 or 32A, describe how handled:		
•			
33.	THAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION?	Yes	No —
	A. Upsets? Bypasses of pretreatment facilities? Spills? Slug discharges? Other?		
	Spills? Slug discharges? Other?		
	B. Explain any marked:		
_	D. Enpluit any market.		
2.4	TO MITTED AND DECORDED OF TROP TO CAMEGOETCAL DEFENDENT CHANDADES	Vos	170
34.	IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS?  A. If yes, identify the CFR Part, Subpart & PSES/NS:  B. Is the wastewater discharged to the sewer?	165	NO
	A. II yes, identify the crr and to the cours?	Voc	NO
	B. Is the wastewater discharged to the sewer?	res	140
	C. If yes, which sample points?		
	D. If no, what is done with the wastewater?		
	E. Method used to verify no disch. (attach diagrams/records as needed):		
	F. What pretreatment is used?		
	G. Is it adequate?	Yes	No
	H. Explain answer to G:		
	I. What date did this process begin?		
	J. Does date agree with PSES/NS?	Yes	No
	K. Comments:	100	
35.	IF YES TO ITEM 34, AND IF 34A = 413 or 433:		NA
	A. What metals are plated?		
	B. Is cyanide used/on-site?	Yes	No
	C. Is facility a job shop (owns ≤50% of material finished annually)?	Yes	No
	D. If yes to C, how was it verified?		
	D. If yes to C, how was it verified?  E. If 413, what is daily process discharge volume?		
	F. If 413, how was volume verified?		
36.	IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A BMR? NA	Yes	NO
30.	A. If yes, date BMR received:	1.69	410
	A. If yes, date bit received:	3700	NO
	B. If yes, does it correctly reflect current conditions?	Yes	110
	C. If no to 36 or 36B, explain:		
37.	IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? NA	Yes	No
	A. If yes, date 90 Day Report received:		
	B. If yes, does it correctly reflect current conditions?	Yes	No
	C. If no to 37 or 37B, explain:		

38.			S SUBJECT TO CATEGOI		EATMENT		
	A.		PRODUCES NO WASTEWN ify the CFR Part, Su		EC/NC which	h	Yes No
	А.	would be appl:	icable if process wa	astewater w	as produce	d:	
	В.	Explain the al	bsence of process wa	astewater:			
	C.	What date did	this process begin	?			
	D.	Does date agre	ee with PSES/NS?				Yes_ No_
39.		FOR WHICH CPS HA	S FOR WHICH A CPS CA AS BEEN REMANDED OR ify the CFR Part, Su	HAS NOT BE ubpart & PS	EN PROMULG ES/NS: 40	ATED? CFR 460	YesNo
	В.	what is done t	with the process was	stewater:	SEWERE	1	
	C.	What date did	this process begin	? <u>UNKA</u>	10WN		
	D.		ee with PSES/NS?				Yes No
	E.	Comments:			***************************************	O'CO CONTROL OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWN	
	Α.	List the non-	STEWATER COMBINE WITCHESTER CAL. WW components:				Yes_ No
	В.	At which point	ts?		11-2		V 3T-
•	D	IS the Compine	ed Wastestream Form	ula (CMF) a	bbrrcapre;		Yes No
	E.	If ves what	is the currently and	plied facto	r?		
•	F.	If yes, is the	n: is the currently app e correct factor cu	rrently app	lied?		Yes No
	G.	If no, explain	n:				
41.			UBJECT TO PRODUCTION	N OR MASS B	ASED STAND	ARDS?	Yes_ No_
	Α.		cs?	7 / - / 1 1			
	B.	Since calculat	tion of the current te or discharge volu	limits, na	s the long	term average	
	C.	If yes, expla:	in.	ume changed	. Dy 20.5 Of	more;	Yes No
	С.	ii yes, expia.	h.i.	, , , , , , , , , , , , , , , , , , ,			
42.	IS A	NY WASTEWATER ST	UBJECT TO "NON-CATEO	GORICAL" PR	ETREATMENT	STDS?	Yes No
	A.	If yes, ident:	ify the CFR Part, Su	ubpart & PS	ES/NS:		
	в.	Is the wastewa	ater discharged to t	the sewer?			YesNo
	C.	If yes, which	sample points?s done with the wast				,
	D.	If no, what is	s done with the wast	tewater?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·
	E.	What date did	this process begin	-			Voc No
	F. G.		ee with PSES/NS?				Yes No
	G.	Commencs.		**************************************		TO THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	
43.	HAS (	COMPANY EXCEEDE	O ORDINANCE DISCHARG	GE LIMITS S	INCE		
	THE 1	LAST INSPECTION	OR WITHIN THE LAST	12 MONTHS?			YesNo
	A.	If yes:			Sample	Is problem r	resolved?
	•	Pollutant	When		Points	(li yes, des	cribe how)
		Hg	11/11/99		001	YES-Addit	IONAL
		<u>0&amp;G</u>	11/11/99		002	SAMP ING U	WAS DERTORMED.
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44.			D CATEGORICAL PRETRI			,	
			OR WITHIN THE LAST	12 MONTHS?		NA_	YesNo
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	C.	Comments:					

45.	A. If yes, requirement is contained in permit or other document	Yes	
•	B. If other document, date & description:  C. How frequently are sampling & reports required? Guartely  D. Have reports been on-time, complete & signed by proper person?  E. If no, explain:	Yes	No
46.	DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ?  A. If yes, explain:	Yes	No
47.	IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED?  A. If no, explain:	Yes	No
48.	IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES?  A. If no, explain:	Yes	No_
49.	DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR ph?  A. At which sampling points?	Yes	No_
-	B. Do charts show compliance with the frequency & duration limits?	Yes	
	D. If company has a permit, have excursion summaries been submitted?  E. If no, explain:	Yes	No
50	IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING?  A. If no, explain:	Yes_	No
51.	IS COMPANY MAINTAINING ADEQUATE RECORDS?  A. If no, explain:	Yes	No
52.	IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? A. If yes, type and date:	Yes	No
	A. If yes, type and date:  B. Have the reports & actions been on-time & complete?  C. If no, explain:	Yes	No
53.	DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS?	Yes Yes	No No
	DOES COMPANY HAVE ANY HAULED WASTE APPROVALS?  A. If yes, is company in compliance with requirements?  B. Approval date: Length of approval:  C. Comments:	Yes	
54.	DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING?  A. What is discharged?	Yes	No 2
*	B. Any corresponding MSD sample points:	Yes	No
	C. If yes, does company have a permit? Number  D. Is there a copy in MSD file? (Obtain copy)  E. If no to C, explain:	Yes	***************************************
55.	IS MSD CATEGORY CORRECT? A. If no, explain:	Yes	No
	B. What should category be?		ann a lighte ann ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann an Airlinean ann ann an Airlinean ann ann ann ann ann ann ann ann ann
56.	IS COMPANY AN SIU? A. If yes, why? REASONAble potential for Adverse Affect of	Yes_ NOP	NO ERATION
57.	WERE ALL SAMPLE POINTS OPENED AND INSPECTED?  A. If any SPs cannot be located or opened, explain:	Yes_	No_
	B. If any SP descriptions need to be changed, explain:		
58.	REVIEW THE SAMPLE POINT MAP!  Last map revision date: 4/19/99  A. Are all sample points correctly located & identified?  B. Is the map correct and accurate in all its details?  C. If no to A or B, what changes are needed? JEWER ROUTING 47  MANNOE OCATIONS, PREMISE AddRESS	Yes_ Yes_ S	No

COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL 59. MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS. 1 2 3 4 5 6 _________ 002 001 Sample Point (MSD #): Applicable Cat. Std.: If SP flows to a downstream SP, list it: Is discharge Batch (B) B C в с B C B__C_ or Continuous (C)? YN Y_N_ Y__N_ Oil or grease inter.? Other Pretreatment? Describe: Y N____ Y N Process wastes? Hosp. waste Y N Y N Y N Plant & Equip washdn? Y N Y N Y N Y N Y N Y__N__ Y N Sanitary Wastes? Y__N Y N Y N Y__N__ Contact CW? Y__N__ Y N Y N Y N Noncontact CW? Y _N__ Y N_ Y_N_ Y__N__ Boiler Blowdown? Y N_ ΥN Y N__ Y N Stormwater? Other? Describe: NN/A Y N Y N Y N Y N CWF factor correct? Y N Disch. Fact. Correct? If no, list new factor: Is it possible to obtain Y N Y N Y__N__ representative sample? Y__N_ Y N____ Y N Y N Is SP safe/accessible? Any problems with SP? Y N Y _N__ Y N If yes, describe below. Y_N__ Is the SP trapped? Y N Y N Y N Y N Is SP dry-justified? For each sample point which has a process water flow from a categorical process: SP: Specific operation: Specific operation: SP: Specific operation: Specific operation: Describe in detail any sample point problems found: В. Are all connection points included in the above table? Ves c. If No, explain:

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***************************************							Annual and Transcription



#### **SAINT LOUIS** UNIVERSITY

3556 Caroline St., C-306

St. Louis, MO 63104-1085

Phone: 314-577-8608

FAX: 314-268-5560

**Health Sciences Center** 

Office of **Environmental Safety** 

April 26, 2000

Douglas M. Mendoza Industrial Waste Engineer Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Jan. - March 2000

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Gary Rauchenbach (Anheuser Busch Eye Institute, Saint Louis University Hospital, and Saint Louis University Health Sciences Center -Wohl Facility).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by our office) will be incorporated in the report filed with your office by Cardinal Glennon Hospital. Consequently, there is no report included for Cardinal Glennon Hospital with this letter.

If you have any questions regarding these reports, please contact me at 577-8609.

Sincerely,

Kevin Ferguson

Kevin Ferguson

Health Physicist

REC IVED

APR 2 8 2000

**Environmental Compliance** 

### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

#### PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise No:

3635 Vista at Grand Boulevard, 63104

Reporting Period:

**■**(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

RECEIVEL

APR 2 8 2000

Environmental compliance

#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

14
17

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: <u>577-8609</u>
Signature: Kerin Terguan	Date: 4/26/2000

#### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

#### PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University Hospital

Permit No:

41121951-00

Premise Address: 3635 Vista at Grand Boulevard, 63104

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

(OCT-DEC)

PART II:

RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
	0
None	
	RECO
	JAN 2 4 2000
	Environmental Compliange
	pressity0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the boxes under item A which apply to you. Everyone must complete the information under item B and sign this report.

#### CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS



I certify that to the best of my knowledge and belief, all requirements of 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for materials regulated by the Missouri Department of Health have been met for the period covered by this report.



I certify that to the best of my knowledge and belief, all requirements of 10 CFR Part 20.2003 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission have been met for the period covered by this report

#### RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION B.

I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print or type name of signing official: Kevin Ferguson							
Title: Health Physicist	Telephone: 577-8609						
Signature: Levin Levanon	Date: 1/20/2000						

3635 Vista Ave. at Grand Blvd. P.O. Box 15250 St. Louis, MO 63110-0250 314/577-8000

November 29,1999

James Goodall
Metropolitan St. Louis Sewer District
10 East Grand Ave
St. Louis, MO 63147

Dear Jim:

Per your request, I am forwarding a letter to inform your organization that I am the new contact person for dealings with MSD regarding St. Louis University Hospital and the Anheuser Busch Institute. Please enter me into your system. My phone number is 577-8072.

Sincerely,

Phillip Van Cleave, FMA

Director of Building Services

DEC 0 1 1999

Environmental Complianse

## METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY SHORT INSPECTION REPORT

÷ 🕏

company: ST Louis University Hospital		
Premise Address: 3635 Vista Ave	Zip Code:	63104
Mailing Address: Same	Zip Code:	
Account #: 4121951-00	Current MSD categ	ory: <u>4,9</u>
Inspection Contact Person: Mil VAN Cleaves		
Title: Director of Building Services	Phone #: <u>577-80</u>	70
Others Present: Lugary Einer, nach		0.42
Inspection Date: 4/14/99 / Zime of	of inspection: From 94m	To
Inspector: Aleme A. Baker Reinsp	pection / Initial Ins	pection
References used: IUQ Date: 8/4/97 IDS Date:	4/1/99 Permit Date:	1/1/98
NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON	EVENTS SINCE LAST INSPEC	CTION
Date of Last Inspection: 4/22/98	3	/
1. HAS FIELD CONTACT CHANGED?  New contact name and title: Phil Van Co	ave Director of Bldg	Sernes No_
2. HAS EMPLOYEE NUMBER CHANGED? New Number:		Yes No
3. HAVE SHIFTS OR DAYS PER WEEK CHANGED?  New Shifts: New Days per Week:		Yes No_
4. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAY A. If yes, what? B. Affect which sample points?	v materials?	Yes_ No_
5. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCT A. If yes, what?  B. Comments:	rs produced?	Yes_ No_
6. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUAL. A. If yes, what?	ITY OR QUANTITY?	Yes_ No
B. Affect which sample points? C. Is surcharge status affected (add, remove	or change)?	YesNo
D. Is return factor status affected (add, ref. Is SIU status affected (process discharge) F. If yes to C, D or E explain:	emove or change)? e <> 25000 GPD)?	Yes No Yes No
7. ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS A. Food wastes? Affected sample B. Petroleum wastes? Affected sample C. Frequency of cleaning: monthly D. Are cleaning logs kept? E. How is oil/grease disposed? Knulkd	points: 002	YesNo
Description exist Silver Resovery exist Shuse hap		
Comments:		White the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second

Du

9.	ARE ANY SOLVENTS USED?  A. Which solvents? Alloraform, shead, nothefine Choude, tolsene, Kylene  B. What used for? fat heagent  C. How disposed? handed by site	es_/ N	10
10.	ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER?  A. If yes, what non-haz. wastes?	les / N	10_ L
11.	COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS?  A. If yes, what needs to be done?	Yes N	10 🔽
12.	HAVE THERE BEEN ANY CHANGES TO SOLVENT MGT,  SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS?  A. If yes, explain:	ſes <u></u> ✓ N	 1o
13.	ARE EMERGENCY NOTIFICATION PROCEDURES POSTED?  A. Are MSD contacts listed?  B. If no to 13 or 13A, describe how handled:	Yes N	 10 10
14.	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION?  A. Upsets? Bypasses of pretreatment facilities? Other?  Spills? Slug discharges? Other?  B. Explain any marked:	(es N	10 <u>√</u>
15.	ARE THERE ANY FEDERALLY REGULATED (CATEGORICAL) OPERATIONS?  A. If yes, list reg. & describe (including discharge):	esN	10 🔨
16.	E. If no, explain:	(es. N	10
17.	A. List the applicable category:  B. At which points?  C. Since calculation of the current limits, has the long term average	/es N	- London to Tolking
18.	A. If yes: Sample Is problem res Pollutant When Points yes/no - desc	cribe	

19.	THE I	LAST INSPECTION If yes: Pollutant	OR WITHIN THE	E LAST 12 MONTHS	S? Sample Points	NA_ Is problem yes/no - o	Yes No Yes resolved?
		CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	AMORPO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO				
				Apr. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10			
	В.	Comments:					
20.	IS CO A. B. C.	OMPANY <u>REOUIRED</u> If yes, required If other documently How frequently	TO SELF-MONIT ement is cont ment, date & c are sampling	TOR ANY OF THEIR tained in permit description:  g & reports required complete & sign	DISCHARGES? or oth	er document_	Yes_/No
	D. E.	Have reports but If no, explain	een on-time, :	complete & sign	ed by blober	persøn:	Yes No
21.	IS CO	OMPANY UNDER <u>ANY</u> EQUIREMENTS TO S	ENVIRONMENTA	ANCE SCHEDULE RE	PORTS?		Yes No 🗸
	В. С.	Have the report If no, explain	ts & actions	been on-time &	complete?		Yes No
22.	DOES DOES	COMPANY HAVE AN	Y HAULED WAST	TE APPROVALS?		,	Yes_ No Yes_ No
	A. B. C.	If yes, is con Approval date: Comments:		liance with requ Length	of approval:		Yes No
23.	IS MS	SD CATEGORY CORE					Yes No_
	в.	What should ca	tegory be?				
24.				potentil for inspected?	~ adrews	inpact	Yes_No_
25.	WERE A.	ALL SAMPLE POINT	ITS OPENED ANI	INSPECTED?	mplain:		YesNo
	В.	If any SP desc	riptions need	i to be changed,	explain:		
26.	REVII A. B. C.	Is the map com	points correct and accu	Last map revectly located & urate in all itsges are needed?	identified? details?	7/31/95	Yes No Yes No
USE '		PACE FOR ANY OTHE	ER COMMENTS/OB	SERVATIONS PERTI	NENT TO YOUR		OF THIS SITE.
	4	New contact	person-	Changes we	el be m	adle.	
	***************************************						
10100							
							·



#### Metropolitan St. Louis Seven District

Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

April 2, 1999

Mark Haenchen
Director of Environmental Safety
ST. LOUIS UNIVERSITY HEALTH SCIENCES CENTER
OFFICE OF ENVIRONMENTAL SAFETY
3556 Caroline Street, C-306
St. Louis, MO 63104-1085

Dear Mr. Haenchen:

We have reviewed your letter dated March 16, 1999 requesting a change in the approved radioactive discharge levels for certain St. Louis University-affiliated facilities. Your letter contained the list of facilities and the requested amounts.

We are approving your request. Please note that for those facilities with Industrial Wastewater Discharge Permits, the permits will be revised to reflect changed discharge approvals. All facilities must submit quarterly radioactivity discharge reports. A copy of the reporting form is enclosed.

Regarding the St. Louis University Storage Building, you will need to complete the attached User Wastewater Survey and return it to us. Once we have reviewed it, we will arrange a visit to the site.

If you have any questions, call me at (314) 436-8717.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.

Industrial Waste Engineer

bv

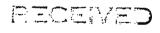
Enclosures - Radioactive Materials Discharge Report

- Commercial/Industrial User Wastewater Survey

pc Permits Unit

DISCHARGE LOCATIONS OF RADIOACTIVE MATERIALS (Revised March 16, 1999)							
FACILITY NAME	BUILDING NAME	STREET ADDRESS	ESTIMATED ANNUAL FACILITY DISCHARGE				
Saint Louis University - Frost Campus	Macelwane Hall	3505 Laclede Avenue, 63103	1.2 mCi				
Saint Louis University Medical School	Caroline Building Doisy Hall Medical School	3556 Caroline Mall, 63104 3555 Vista Avenue, 63104 1402 S. Grand Blvd., 63104	60 mCi				
Saint Louis University Hospital	Bordley Pavilion & Fermin Desloge Tower	3635 Vista at Grand, P.O. Box 15250, 63104	12 mCi				
Cardinal Glennon Hospital	same as facility name	1465 S. Grand Blvd., 63104	1.2 mCi				
Anheuser Busch Institute	same as facility name	1755 S. Grand Blvd., 63104	120 mCi				
Institute for Molecular Virology	same as facility name	3681 Park Avenue, 63104	12 mCi				
Pediatric Research Institute	same as facility name	3662 Park Avenue, 63104	60 mCi				
Wohl Memorial Mental Health Institute (SLU Health Sciences Center)	David P. Wohl Memorial Institute	1221 South Grand Blvd., 63104	1.2 mCi				
Saint Louis University Storage Building	Storage Building	1008 S. Spring Avenue, 63110	240 mCi				

a enfacility



MAR 2 2 1999

Environmental Compliance

3635 Vista Ave. at Grand Blvd. P.O. Box 15250 St. Louis, MO 63110-0250 314/577-8000

March 8, 1999

Bob Zeman Manager of Environmental Compliance Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, MO 63147-2913

RE:

41121951-00

1315-1341 S. Grand Blvd. St. Louis, MO 63104

41122251-02 1755 S. Grand Blvd. St. Louis, MO 63104

Dear Mr. Zeman:

This letter is to inform you that at the above listed properties there is no pretreatment system or systems that is microprocessor controlled that would be affected by the Y2K bug.

Sincerely,

St I nuis Hatwarsity Hosnital

Gary Rauschenbach

**Director Building Services** 

RECEIVED MAR 2 9 1999

Envirorm at 1 Compliance



# Metropolitan St. Louis Sev District

Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

February 25, 1999

Gary Rauschenbach
Director of Building Services
ST. LOUIS UNIVERSITY HOSPITAL
3635 Vista Ave. at Grand Blvd.
P.O. Box 15250, St. Louis, MO 63110

RE: 41121951-00

1315-1341 S. Grand Blvd. St. Louis, MO 63104

Dear Mr. Rauschenbach:

As you surely know by now, Y2K is on the way! The Metropolitan St. Louis Sewer District has been working diligently to insure that its operations will not be affected when January 1, 2000 arrives. While we can control the computers that help operate our treatment plants and pump stations, we need your help to control the pollutants in the wastewater that you discharge to the public sewer system.

This letter is being sent to those industrial users which we believe have pretreatment systems with the potential to be affected by the "year 2000 (Y2K) bug." If any part of your wastewater treatment system is controlled by computers, it may be subject to the bug.

If you have not already done so, please have your pretreatment system checked to see if it will be affected by the change to the year 2000. We request that you write back to us and inform us of your findings. If your system will be affected, please provide us with your plans and time schedule to correct the problem and insure your wastewaters will meet discharge requirements.

This is a very important issue for both us and you. Failure of your treatment systems may result in wastewater violations and upsets in our treatment plant that could potentially endanger the environment or human health.

If you have any question concerning this request, please call us at (314) 436-8715.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Bob Zeman

Manager of Environmental Compliance

ldl



3556 Caroline St., C-306

St. Louis, MO 63104-1085

Phone: 314-577-8608

FAX: 314-268-5560

#### SAINT LOUIS UNIVERSITY

Health Sciences Center

Office of **Environmental Safety** 

January 12, 1999

Douglas M. Mendoza Industrial Waste Engineer Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (FAX #: 436-8753)

Quarterly Reports Of Radionuclide Discharge For The Period October - December SUBJECT:

1998

Dear Mr. Mendoza:

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Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Gary Rauchenbach (Anheuser Busch Eye Institute, Saint Louis University Hospital, and Saint Louis University Health Sciences Center -Wohl Facility).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by our office) will be incorporated in the report filed with your office by Cardinal Glennon Hospital. Consequently, there is no report included for Cardinal Glennon Hospital with this letter.

If you have any questions regarding these reports, please contact me at 577-8609.

Sincerely,

Kevin Ferguson

Health Physicist

JAN 1 4 1999 Environmental Complianse





Environmental Compla .º

3556 Caroline St., C-306

St. Louis, MO 63104-1085

Phone: 314-577-8608

FAX: 314-268-5560

SAINT LOUIS UNIVERSITY

**Health Sciences Center** 

Office of Environmental Safety

October 15, 1998

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period April - June 1998

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Gary Rauchenbach (Anheuser Busch Eye Institute, Saint Louis University Hospital, and Saint Louis University Health Sciences Center - Wohl Facility).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by our office) will be incorporated in the report filed with your office by Cardinal Glennon Hospital. Consequently, there is no report included for Cardinal Glennon Hospital with this letter.

If you have any questions regarding these reports, please contact me at 577-8609.

Sincerely,

Kevin Ferguson Health Physicist

## METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY INSPECTION REPORT

Compa	ny: ST LOUTS UNIVER	sity Ha	spital			
Premi	se Address: 3435 VISTA	AUZ "	/	z	ip Code:	3104
	ng Address: <u>Same</u>			Z	ip Code:	anning and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta
	nt #: 4121957 - 80				nt MSD catego	
Inspe	ction Contact Person: OAR	RAWSE	Kentre			,
Title	: Director of Building Sex	nces		Phone	#: 314-57	7-8070
	s Present: NONE	*****				
Inspe	ction Date: 4/22/98		Time	e of inspection	: From <i>9AM</i>	_ To /0°0
	ctor: DIONE A. BAKER			nspection		
Refer	ences used: IUQ Date: $9/4/3$	<i>91</i> 1:	DS Date:	4/14/98	Permit Date:_	1/1/98
	NOTE: ALL ITEMS ARE TO BE of Last Inspection: $\sqrt{2-2/-2}$	COMPLETE				, ,
1.	HAS FIELD CONTACT CHANGED? New contact name and title:					Yes No
2.	HAS EMPLOYEE NUMBER CHANGED?	,				Yes No_
3.	HAVE SHIFTS OR DAYS PER WEEK New Shifts:	CHANGED New Days	? per Weel	c:		Yes No_
4.	ARE THE LISTED SIC'S ACCURAT Note any changes & why:					Yes No
5.	ARE THERE ADDITIONAL ACCOUNT List them, note any changes	NUMBERS & reason	? s: <u>9009</u>	1536-01		Yes No
6.	BATCH PROCESSES: Description	New/ exist	Water used?	Frequency of discharge		e is water & which SP)?
	Comments:	***************************************	***************************************			
7.	CONTINUOUS PROCESSES:  Description  Food heparation  Ab to lare Healt  Clinical a festaret fall	New/ exist exist lxist exist	Water used? /es /es /es	Frequency of discharge		is water & which SP)?
	Comments:					
8.	CLEANUP/WASHDOWN: Description Skreyel Cleaning	New/ exist exist	Water used?	Frequency of discharge		is water & which SP)?
	Comments:					

9.	Desçription	ent: onRecover		new/ exist	dischar	ge di	How/where scharged(&	whi	
		e trap		exist	cont		sewer, 000	ン ン	
		2 psugo					<del>2000, 0</del>		,
	Comments:								
10.	A. Is a B. If	6, 7, 8 AND 9: water use excessi yes to A, what ne	eeds to be do						No
	C. Met	hod used to verif	fy A (attach	diagram	s/record	s as neede	d): Vibrat	obs	evoteo
11.	3 T.F.	E BEEN ANY CHANGE	•					Yes	No_ <u>/</u>
	B. Aff	ect which sample	points?	**					
12.	A. If	E BEEN ANY CHANGE yes, what? ments:						Yes	No <u>/</u>
13.	A. If	E BEEN ANY CHANGE		ATER QUA	LITY OR	QUANTITY?		Yes	No
	C. Is a D. Is a E. Is a	ect which sample surcharge status return factor stassIU status affect yes to C, D or E	affected (ac atus affected ed (process	d (add, dischar	remove o ge <> 25	r change)? 000 GPD)?		Yes Yes Yes	
14.	What does	rer used for cool	·	Non-	act or Contact	or Recirc		es ⁻	
	HUAC	n/			CW.	· Rec Rec	NIA		001
٠	77000								<u> </u>
15.	A. If y B. What C. How D. Fred E. At y	ANY COOLING TOWE yes, is the water to contaminants many?  quency & volume of which sample pointents:	r treated or may be present	:? ENTE	C 234.31	68,367,338,	B\$78	Yes	NoNo
16.		rer used in Boile	ERS?					Yes	No
	B. What	the water treated t contaminants ma quency & volume o	ay be present	:? Ux49e	N SCAVE	rgers, DES	CALERS, M.	AOH	No No
	D. At v	which sample poir ments:	nts? 00/					f	
17.	A. What B. How C. What D. Fred E. At	TER USED IN AIR IS t types of device is the water dis t contaminants ma quency & volume in which sample point	es? <u>NET SC</u> sposed? <u>And</u> ay be present if discharged	MBBEL F ITTHEY S 1: 5000 G	DR INC ENER 17		to: <u>Sewe</u> r	Yes	No_
18.	EXHAUST FA A. Desc B. What	, ON THE ROOF, AN ANS THAT DISCHARG cribe: t contaminants ma any sample point	GE POLLUTANTS	5? 5?			ceive the	Yes_	
	******	***************************************							
	D. Com	ments:	taxaa aa ahada dhaba ah ah ah ah ah ah ah ah ah ah ah ah ah						

· ••

19.	ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS?  A. Food wastes? Affected sample points: 000  B. Petroleum wastes? Affected sample points: C. Frequency of cleaning: Monthly  D. Are cleaning logs kept?  E. How is oil/grease disposed?	Yes No_
20.	ARE ANY SOLVENTS USED?  A. Which solvents? Chloroforn, phenol, methylene chloride, tolkere, X few B. What used for? lab   seakent.  C. How disposed? Kanled of Sub	<del></del> ,
21.	DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN?  A. If yes, last time updated:  B. Update needed?  C. Ifyes to B, why?  D. Is it part of another document?  E. If yes, list document name:  F. Is there a copy in MSD file? (Obtain copy)	YesNo YesNo YesNo
22.	ARE ANY INFECTIOUS MATERIALS HANDLED?  A. If yes, describe operations:	Yes No_
23.	ARE ANY RADIOACTIVE MATERIALS HANDLED?  A. Describe operations: Stucken Stedies.  B. NRC License No.: 24-00/94-07  C. How is waste disposed? Handled If the little of the severy describe procs: 41-15 oxeres cutain anto in setting and and the severy company have authorization per Ord. 8472, Art. V.1.A?  F. Date of authorization: 1/1/18 Annual amt approved: 15 stucked.  G. Has company exceeded the approved quantity?  H. If yes, explain:	Yes No
24.	A. If yes, describe: V-lay	YesNo
25.	ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER?  (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED)  A. If yes, what non-haz. wastes?	
26.	IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD?  A. If yes, describe:	Yes No
27.	A. How many? 2 Capacities: 10,000 # 12,000 gallons  B. What do they contain? #2 Oil ful  C. Have there been any known leaks from these tanks?  D. If yes to C, explain:	Yes_No_ Yes_No_
28.	A. How many? Capacities:	Yes_ NoYes_ No

29.	COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS?  A. If yes, what needs to be done?	Yes	No 🗸
30.	DOES COMPANY HAVE WRITTEN SPILL PREVENTION, CONTINGENCY, POLLUTION PREVENTION, WASTE MINIMIZATION, ETC. PLANS? A. If yes, list titles: #42, Clan Spill Flam B. Last time updated: 199		No_
	C. Is there a copy in MSD file? (Obtain copy) D. If no to 30, is a plan needed? E. If yes to D, explain:	Yes	
31.	DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN?  A. If yes, is it fully contained in another document?  B. List plan's title:  C. Last time updated:	Yes Yes	No_
	D. Is there a copy in MSD file? (Obtain copy) E. If no to 31, Is a plan needed? F. If yes to E, explain:	Yes Yes	No_V
32.	ARE EMERGENCY NOTIFICATION PROCEDURES POSTED?  A. Are MSD contacts listed?  B. If no to 32 or 32A, describe how handled:	Yes	
33.	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION?  A. Upsets? Bypasses of pretreatment facilities? Other?  B. Explain any marked:	Yes	No_
34.	IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS?  A. If yes, identify the CFR Part, Subpart & PSES/NS:  B. Is the wastewater discharged to the sewer?  C. If yes, which sample points?  D. If no, what is done with the wastewater?  E. Method used to verify no disch.(attach diagrams/records as needed)	Yes	No_
	F. What pretreatment is used? G. Is it adequate? H. Explain answer to G:	Yes	No
	I. What date did this process begin?  J. Does date agree with PSES/NS?  K. Comments:	Yes	No
35.	IF YES TO ITEM 34, AND IF 34A = 413 or 433:  A. What metals are plated?  B. Is cyanide used/on-site?  C. Is facility a job shop (owns \( \frac{50\}{2} \) of material finished annually)?  D. If yes to C, how was it verified?  E. If 413, what is daily process discharge volume?  F. If 413, how was volume verified?		No
36.	IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A BMR?  A. If yes, date BMR received:  B. If yes, does it correctly reflect current conditions?  C. If no to 36 or 36B, explain:	Yes_	
37.	IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? NA If yes, date 90 Day Report received:  B. If yes, does it correctly reflect current conditions?  C. If no to 37 or 37B, explain:	✓ Yes Yes	

38.		ARDS BUT WHICH If yes, identi would be appli	cable if process wa		ed:		_ No_ <u>/</u>
	C.						
	D.	Does date agre	e with PSES/NS?			Yes	No
39.		OR WHICH CPS HA	S BEEN REMANDED OR fy the CFR Part, Su	TEGORY HAS BEEN IDEN HAS NOT BEEN PROMULO bpart & PSES/NS: tewater?	SATED?		No_V
	C.	What date did	this process begin?				37
	D. E.		e with PSES/NS?			Yes_	No
40.	DOES A.	CATEGORICAL WAS	TEWATER COMBINE WIT at. WW components:	H NON-CAT. WW PRIOR		Yes_	No <u>v</u>
	B. C.	At which point	s?	la (CWF) applicable?	)	Ves	No
	D.	If no, explain	*			165	_ 110
	E. F.	If yes, what i	s the currently app correct factor cur	lied factor?		Ves	No
	G.	If no, explain				105	
41.	IS AN A.	At which point	s?	OR MASS BASED STANT		Yes_	No_
	в. с.	Since calculat production rat If yes, explai	e or discharge volu	limits, has the long me changed by 20% or	more?	Yes_	_ No
42.	TS AN	V WASTEWATER SU	BIECT TO "NON-CATEG	ORICAL" PRETREATMENT	STDS?	Yes	No V
	A. B. C. D.	If yes, identi Is the wastewa If yes, which If no, what is	fy the CFR Part, Su ter discharged to t	bpart & PSES/NS:he sewer? ewater?			No
	F. G.	Does date agre	e with PSES/NS?			Yes_	No
43.			ORDINANCE DISCHARG OR WITHIN THE LAST When	12 MONTHS? Sample	Is problem :		
		<u> </u>					
	В.	If unresolved,	what is being done	?			
	c.	Comments:					
4.4	113C C	OMDANY EVCEEDED	CAMECODICAL DEFEE	ATMENT LIMITS SINCE	***	,	
44.			OR WITHIN THE LAST When		NA Is problem in (if yes, des	cesolve	ed?
		***************************************					
						<i></i>	
					***************************************		
	В.	If unresolved,	what is being done	?			
			- · · -				
	C.	Comments:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

45.	IS COMPANY <u>REOUIRED</u> TO SELF-MONITOR ANY OF THEIR DISCHARGES?  A. If yes, requirement is contained in permit or other document  B. If other document, date & description:	
	C. How frequently are sampling & reports required? Grades D. Have reports been on-time, complete & signed by proper person?  E. If no, explain:	Yes No_
46.	DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ? A. If yes, explain:	Yes No
47.	IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED?  A. If no, explain:	Yes No
48.	IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES?  A. If no, explain:	Yes No_
49.	DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR ph?	
	B. Do charts show compliance with the frequency & duration limits? C. If no, explain: D. If company has a permit, have excursion summaries been submitted?	
50	E. If no, explain:	emonates and advantage of the second
50.	IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING?  A. If no, explain:	Yes_Nç_
51.	IS COMPANY MAINTAINING ADEQUATE RECORDS?  A. If no, explain:	Yes No_
52.	IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? A. If yes, type and date:	Yes No
	B. Have the reports & actions been on-time & complete? C. If no, explain:	YesNo
53.	DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS?  DOES COMPANY HAVE ANY HAULED WASTE APPROVALS?  A. If yes, is company in compliance with requirements?  B. Approval date: Length of approval:  C. Comments:	Yes Nov Yes Nov Yes No
54.	DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING?  A. What is discharged?  B. Any corresponding MSD sample points:  C. If yes, does company have a permit? Number  D. Is there a copy in MSD file? (Obtain copy)  E. If no to C, explain:	Yes_ No_ Yes_ No_ Yes_ No_
55.	IS MSD CATEGORY CORRECT?  A. If no, explain:	Yes No_
	B. What should category be?	
56.	A. If yes, why? Reasonable forential for adverse impact	Yes_No_
57.	WERE ALL SAMPLE POINTS OPENED AND INSPECTED?  A. If any SPs cannot be located or opened, explain:	Yes_No_
	B. If any SP descriptions need to be changed, explain:	
58.	REVIEW THE SAMPLE POINT MAP!  A. Are all sample points correctly located & identified?  B. Is the map correct and accurate in all its details?  C. If no to A or B, what changes are needed?	Yes No Yes No

COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL 59. MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS. 1 2 3 4 5 6. 001 002 Sample Point (MSD #): Applicable Cat. Std.: If SP flows to a downstream SP, list it: Is <u>discharge</u> Batch (B) B CV вс✓ в с B C вс B C or Continuous (C)?  $Y \sim N$ Y N Y N Y N Y N Oil or grease inter.? y V N Y N Other Pretreatment? Describe: Process wastes? Υ'N Y__N__ Y N Y__N__ y /N YVN Y N Y N Y N Y N Plant & Equip washdn? y 🗸 N Y N Y N Y N Y N Sanitary Wastes? Y N Y N Y N Y N Y N Contact CW? Y N Noncontact CW? Y N 🗸 Y N Y N Y N Y__N__ Y N Y N Y_N_ YN Y N Boiler Blowdown? Y N Y N Y N Y N Stormwater? Y __N__ Other? ' Describe: CWF factor correct? Y N Y__N__ Y N Y N Disch. Fact. Correct? If no, list new factor: Is it possible to obtain Y N Y _N___ Y _N__ Y N representative sample? Y N___ Y _N__ Is SP safe/accessible? Y _N__ Y N Any problems with SP? Y N Y__N__ Y __N___ YN If yes, describe below. Y_N_ Is the SP trapped? Y N 🗸 Y N Y__N__ Y_N_ Y N Y N Is SP dry-justified? For each sample point which has a process water flow from a categorical process: SP: Specific operation: Specific operation: Specific operation: Describe in detail any sample point problems found: В. Are all connection points included in the above table? c. If No, explain:_

(11/97)

OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS FACILITY.
Arthy Ras Changed except new owners.
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Division: Hospital	No: 06-8280.29
Department: Safety	Subject: Hazardous Chemical Spill
Approved: Approved: Approved:	Effective: June. 1982 6/83; 12/84; 1/89; 4/91; 1/93;
Approved DiMOCulture	Review Dates: 1/94; 1/96
	Revised Dates: 12/85; 10/87; 3/90; 4/91; 8/92; 1/95; 1/97; 1/98

#### **POLICY**

It is the policy of Saint Louis University Hospital that steps shall be taken to protect employees, patients and the public in the event of a hazardous chemical spill.

#### **PURPOSE**

To protect Saint Louis University Hospital employees and the public against those hazards associated with the accidental release of hazardous chemicals.

PROCEDURE

RECEIVED

APR 22 1998

#### LABORATORY OR DEPARTMENT

DEPT. OF ENVIRONMENTAL

- 1. It is the responsibility of the Supervisor of each laboratory of department to be familiar with all chemicals used or stored in his/her lab or department. Each should possess MSDS on the chemicals used in their area, know the hazards associated with chemicals, and techniques for neutralizing or containing the spill. The department/laboratory shall have prepared clearly marked Spill Kits to neutralize, stabilize and/or contain hazardous material incidents. The department/laboratory personnel shall be trained in applicable hazardous material incidents and how to initiate emergency procedures.
- 2. Small spills which pose no immediate health threat to department/laboratory personnel or other building occupants shall be contained and cleaned up by the generating laboratory or department staff.
- 3. If a spill poses an immediate health threat to department/laboratory personnel or other building occupants, the EMERGENCY NUMBER "2222" should be called to notify emergency personnel and activate emergency procedures. The caller shall inform the operator that there is a Hazardous Material Incident. give his/her name and location, and the chemical(s) involved.



Page No.

Subject:

Hazardous Chemical Spill

If the incident involves radioisotopes, request that the Radiation Safety Officer also be notified.

A. Take steps to contain the spill and reduce potential exposures by evacuating the immediate area, closing doors to the area, and shutting off recirculated air.

DO NOT RE-ENTER SPILL AREA. WAIT FOR EMERGENCY RESPONSE PERSONNEL.

- 4. All waste resulting from the cleanup of a spill shall be retained. Disposal of waste shall be done only on the advice of the Saint Louis University Hospital Safety Director.
- 5. Waste from any heavy metal spill, such as mercury from a broken thermometer, shall be removed and disposed only as advised by the Saint Louis University Hospital Safety Director.
- 6. During the absence of the Saint Louis University Hospital Safety Director, the Director of Environmental Safety & Services will be delegated full authority in directing chemical spill cleanup procedures in Saint Louis University Hospital.

### **OPERATOR**

- 1. When notified of a hazardous chemical spill, record the name of the reporting individual, the location of the spill, an extension at which he/she can be reached, and the name of the chemical(s).
- 2. A. If the spill involves radioisotopes, the Radiation Safety Officer shall be paged and telephoned.
  - B. If the spill involves non-radioactive chemicals, call the Chemical Spill Team members.
- 3. Notify Saint Louis University Hospital Safety Director and give pertinent information.
- 4. Notify Public Safety and give pertinent information.

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Hazardous Chemical Spill

### PUBLIC SAFETY

- 1. Shall report to the scene to secure the area, assist with transportation of needed equipment, and if necessary, initiate evacuation.
- 2. Shall complete Incident Report and forward a copy to Safety Department.

### CHEMICAL SPILL TEAM

- 1. The Chemical Spill Team shall report to the scene and advise Public Safety and other individuals involved as to: the hazards, cleanup procedures; evacuation of occupants; and safeguards to be taken.
- 2. All waste materials resulting from the cleanup of the spill shall be disposed of in accordance with local, state and federal regulations.
- 3. If any of the chemicals involved in the spill enter the sanitary or storm sewer system, the Senior Spill Team member will notify Metropolitan Sewer District and report the specific type of chemical and the approximate quantity discharged into the sewer system.



# Metropolitan St. Louis S per District

Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

October 27, 1997

Gary Rauschenbach ST. LOUIS UNIVERSITY HEALTH SERVICES 3635 Vista Ave. at Grand Blvd. St. Louis, MO 63104

Dear Mr. Rauschenbach:

We have received a "Freedom of Information Act" request for information from our files for the St. Louis University Hospital and other related facilities. The request was from Joletta Golik, Dames & Moore, 721 Emerson Road, Suite 220, St. Louis, MO 63141, (314) 993-4599). The type of information requested was any information on complaints or environmental concerns.

As is our policy we honor such requests and in turn notify the company involved. We have provided the requestor with the following materials:

#### WOHL MEMORIAL HEALTH INSTITUTE

Memo dated 2/26/97 regarding status and an inspection dated 5/14/97 and permit termination letter dated 2/18/97, report of hazardous waste discharged to MSD dated 9/26/96, an Industrial Data Sheet.

#### ANHEUSER BUSCH INSTITUTE

Discharge Permit #41122251-02, self monitoring report dated 7/15/97 and the quarterly report of radionuclide discharge, inspection report dated 9/5/97, sample point map dated 9/22/97, industrial data questionnaire received 6/10/97, an Industrial Data Sheet.

#### ST. LOUIS UNIVERSITY #41121951-00

Self monitoring report dated 7/15/97 and the quarterly report of radionuclide discharge, diesel odor complaint dated 9/3/97, Hazardous Wastes Discharged to MSD dated 7-9-97, inspection reports dated 6/6/95, 5/21/97 and 5/14/96, locator map, medical center A/R division safety policy letter 3.1, solvent management plan, approval letter (radioactivity) dated 2/6/95, request for radioactivity information dated 7/8/94, Industrial User Questionnaire received 7/30/97, memo dated 5/2/89 regarding acid sumps, an Industrial Data Sheet.

If you have any questions, please call me at 436-8716.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

wdith A. Kalna

Environmental Engineering Associate

bv



### Metropolitan St. Louis Seren District

Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

October 27, 1997

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ST. LOUIS UNIVERSITY HEALTH SERVICES
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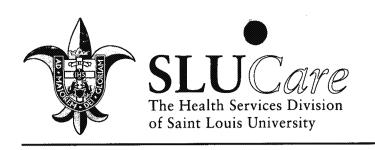
METROPOLITAN, ST. LOUIS SEWER DISTRICT

√yddith A. Kal'na

Environmental Engineering Associate

bv





Saint Louis University Hospital 3635 Vista Ave. at Grand Blvd. PO Box 15250 St. Louis, MO 63110-0250 (314) 577-8000

September 8, 1997

John Scanga Metropolitan St. Louis Sewer District 10 East Grand Ave. St. Louis, MO. 63147-2913

Dear John,

On the evening of September 2, 1997 at approximately 8:00 PM we encountered a fuel leak of #2 Fuel Oil into the sewer system. The series of event which lead up to the spillage as follows.

On Sept. 2, 1997 during the day we were in the process of removing the fuelsystems day tank which were no longer needed. The supply side valve was turned off and the jockey pump disconnected. The discharge side valve was opened to drain the day tank contents. At the end of the day the discharge side valve was closed but apparently did not fully sealed. At approximately 7:30 PM the emergency generators turned on due to a voltage fluctuation which pressurized the #2 fuel oil fuel supply line which feed the generators. So when the fuel line was pressurized the fuel was back-fed into the day tank were it overflowed an ran into the sewer system discharging about 250 gallons of fuel oil. After the generator stopped the valve was removed and the line capped off.

The first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the f

Thank you for all your assistance

Sincerely yours

Gary Rauschenbach

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**Environmental Compliance** 

### DEPARTMENT OF ENVIRONMENTAL COMPLIANCE

TO:

Industrial file

FROM:

John Scanga

ACCT:

41121951-00 St. Louis University Hospital

DATE:

Sept 3, 1997

RE:

Diesel odor in the storm sewer at Bethesda hospital.

On Sept 2,1997 I was contacted by the MSD dispatcher, to respond to Bethesda Hospital, on a report of a diesel odor in the storm sewer. Bethesda Hospital is located at 3655 Vista Ave, behind the St. Louis University Hospital located at Grand and Vista.

When I arrived at the above location, I contacted Assistant Batllion Chief Gary Danley of the St. Louis Fire Department, and inquired what the situation was. He advised me that St. Louis University Hospital had a leak of #2 diesel fuel from their diesel day tank. This tank feeds their compressors of the hospital. It appeared the valve of the day tank was not tightened properly and the valve leaked the contents into the drain. The maintenance worker checked the fuel inventory and stated he thought there was approximately 200-300 gallons lost into the sewer.

The I checked all the sewer connections in the area and found no standing water or diesel product to be pumped out or evacuated from the sewer system. Also there was no LEL readings in any of the Manholes that were checked. I advised the fire department to flush the sewer system with a hydrant with approximately 10,000 gallons of water. I required the Maintenance worker on site to contact Mr. Gary Rauschenbauch, Director of Building Services of the St. Louis University Hospitals, and advise him to send a written report of the incident.

On Sept. 3, 1997, Mr. Rauschenbaugh contacted me and confirmed that 300 gallons of #2 fuel oil was discharged into the sewer due to a faulty valve on the day tank. I stated to Mr. Rauschenbaugh that he is required to write a letter of the incident according to his permit and he agreed and will be sending the letter this week.

Nothing further at this time.

PART A: FACILITY NAME St. Lavis University Hospital
FACILITY ADDRESS 3635 Vista at Grand Blud., St. Louis, Mo 63110-0250
CONTACT PERSON July Behale PHONE 317-3 / 7-838
TITLE OF CONTACT PERSON Coce Lab Manager
PART B: If your facility will discharge to the sewer during the next 12 months any quantity of hazardous waste, please complete this part. Use the attached lists from 40 CFR 261 to identify wastes to be included. If you will not discharge any of the wastes on those lists, write "NONE" on line 1 below, complete part D and return the form.
HAZARDOUS WASTE NAME  HAZ WST TYPE OF DISCHARGE MASS TO BE DISCH.  NUMBER (Cont./Batch/Other) NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)  NEXT 12 MO. (1bs)
information to the extent such information is known and readily available to you.
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3. Ethylene Glycal (107-21-1)  Methanal (107-56-1) UISY  4. Methanal (107-56-1) UISY  8.34 lbs 200 TLV  5. Methanal (107-56-1) UISY  6. Auramore - 0  Ethylene Glycal (107-21-1)  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV  So TLV
PART D: CERTIFICATION:  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person-or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.  I further certify that the facility named above has a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree the company has letermined to be economically practical.  PRINTED NAME Late Behrle SIGNATURE Late Behrle
TITLE Gre Laboratory Manager DATE 07-9-97
White: MSD Yellow: MDNR Pink: USEPA Gold: Customer

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PART C: For each hazardous waste listed above in part B, provide the fol information to the extent such information is known and readily available to you have the fol information to the extent such information is known and readily available to you have the fol information to the extent such information is known and readily available to you have the fol information is known and readily available to you have the fol information is known and readily available to you have the fol information is known and readily available to you have the fol information submitted is a fold information properly gather and evaluate the information submitted. Based inquiry of the person-or persons who manage the system, or those persons directly under gathering the information, the information submitted is, to the being knowledge and belief, true, accurate, and complete. I am aware that the significant penalties for submitting false information, including the possibility and imprisonment for knowing violations.  I further certify that the facility named above has a program in place to the volume and toxicity of hazardous wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to the degree the company to the person wastes generated to			TO CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACT	alpoinalliteraturalliteriteriteriteriteriteriteriteriteriter	
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CONTACT	PERSON	Júdi Be	ehrle		PHONE	577-8385
	CONTACT	PERSON	Manager(Core	Lab)		

PART B: If your facility will discharge to the sewer during the next 12 months any quantity of hazardous waste, please complete this part. Use the attached lists from 40 CFR 261 to identify wastes to be included. If you will not discharge any of the wastes on those lists, write "NONE" on line 1 below, complete part D and return the form.

1.	HAZARDOUS WASTE NAME	HAZ WST NUMBER	TYPE OF DISCHARGE (Cont./Batch/Other)	
2.	ELECTROLYTE BUFFER	0145	CUNT	17ペ /b
3.	BILL ROBIN CALIBATOR	U359	CONT	0,001 10
	ALT REMIGHT A	Pios	C6-17 .	0.019/6
<b>.</b>	ACT REPUBLIF B	U359	CONT	0.00057 16
	GAMMA-GIT RENGERT (B)	U359	Ci'n,	0,00078 16

<u>PART C</u>: For each hazardous waste listed above in part B, provide the following information to the extent such information is known and readily available to you.

	HAZARDOUS CONSTITUENTS	EST. MASS DISCH./MO. (lbs)	EST. CONC. IN DISCH. (PPM)	EST. MASS TO BE DISCHARGED DURING NEXT 12 MO. (1bs)
2.	PHOSPHORIC PCID 5%	0,7216	<u> </u>	124 8.6
	ETHNLENG GLYCOL 33%	c.oc1	< 0,000i/	0,0/2
₹.	ALT REAGENT A SERVEM AZINE	0.0014	<00001/	6 0.017
5.	SOPIUM AZIDE	0.60005	<0.0001%	0,00057
6.	ETYLENE GLYCOL 100%	0,00006	< 0.000 17,	0,0007816

### PART D: CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person-or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that the facility named above has a program in place to reduce he volume and toxicity of hazardous wastes generated to the degree the company has etermined to be economically practical.

PRINTED	NAME	Judi	Bel	nrle			SIGNA	TURE				•
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NOTIFICATION PURSUANT TO 40 CFR 403.12(p) HAZARDOUS WASTES DISCHARGED TO METROPOLITAN ST. LOUIS SEWER DISTRICT PART A: FACILITY NAME FACILITY ADDRESS PHONE 577-8782 CONTACT PERSON TITLE OF CONTACT PERSON PART B: If your facility will discharge to the sewer during the next 12 months any quantity of hazardous waste, please complete this part. Use the attached lists from 40 CFR 261 to identify wastes to be included. If you will not discharge any of the wastes on those lists, write "NONE" on line 1 below, complete part D and return the form. HAZ WST TYPE OF DISCHARGE MASS TO BE DISCH. (Cont./Batch/Other) NEXT 12 MO. HAZARDOUS WASTE NAME NUMBER Cant Mate For each hazardous waste listed above in part B, provide the following information to the extent such information is known and readily available to you. EST. CONC. EST. MASS TO BE EST. MASS DISCHARGED DURING IN DISCH. DISCH./MO. HAZARDOUS CONSTITUENTS (PPM) NEXT 12 MO. (1bs) (1bs) 10,500 m 500m

PART D: CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person-or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that the facility named above has a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree the company has

letermined to be economically practical.

PRINTED NAME Sharon Jackson TITLE Lab Manager

_ SIGNATURE\
DATE

Gold: Customer

White: MSD

Yellow: MDNR

Pink: USEPA

SEWER DISTRICT CHARGED TO METROPOLITAN ST. LO HAZARDOUS WASTES D -ouis FACILITY NAME FACILITY ADDRESS PHONE _5 CONTACT PERSON TITLE OF CONTACT PERSON PART B: If your facility will discharge to the sewer during the next 12 months any quantity of hazardous waste, please complete this part. Use the attached lists from 40 CFR 261 to identify wastes to be included. If you will not discharge any of the wastes on those lists, write "NONE" on line 1 below, complete part D and return the form. TYPE OF DISCHARGE MASS TO BE DISCH. HAZ WST (Cont./Batch/Other) NEXT 12 MO. (1bs) hazardouş waste name 640.8 70% 640.8 Eosin For each hazardous waste listed above in part B, provide the following information to the extent such information is known and readily available to you. EST. MASS TO BE EST. CONC. EST. MASS DISCHARGED DURING IN DISCH. HAZARDOUS CONSTITUENTS DISCH./MO. NEXT 12 MO. (1bs) (PPM) (1bs) 640.8 900 81 PART D: CERTIFICATION: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person-or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that the facility named above has a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree the company has letermined to be economically practical. SIGNATURE DATE

Pink: USEPA

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CATION PURSUANT TO 40 CFR 403.12(p)

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I	certify under penalty	of law that	this docum	ent and all att	achments were pre	pa
der my	y direction or superved personnel properly	rision in acc	cordance wi	th a system de	signed to assure	. t
	of the person-or p					
	ible for gathering the					
	ledge and belief, tr cant penalties for sub					
	risonment for knowing			, was a sawa was a sawa	one possible and of	
	further certify that					
	ume and toxicity of ned to be economicall			ated to the d	egree the compan	y
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	NAME		SIGNATUR	E		

	Murie	I Jobe, Hematology	Lab-4FDB	
PART A:	FACILITY ADDRESS T. Louis Inc.	Iniversity Hospital	nnennengaalaanaansiaaasaanny järkassi vuoteeli läänään käänään kääsisteen vuoteen järkää järkäätä	gargement (Company of Company of
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		<del>Bo∧ 15250</del>		emonoponomonosi (nemeripe dilangapa dilana da monopolica persona del mengala persona dilangala persona
•		<del>Louis, NO : 63110-</del>		
CED 261	If your facility will disc of hazardous waste, please of to identify wastes to be incl a lists, write "NONE" on line	omplete this part uded. If you will 1 below, complete	. Use the attact to the land retermined and retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land retermined to the land r	any of the wastes urn the form.
· — .	HAZARDOUS WASTE NAME	NUMBER (Cont	./Batch/Other)	MASS TO BE DISCH. NEXT 12 MO. (1bs)
1. //	thank	<u> </u>	zonefday	10011
2. Ju		11-4 32	04	<u> </u>
3. <i>Gres</i>	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	Station * Co	ofra	108 lbr.
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5.	in y Storm Reagent	B	a. f	
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- ,	romine O	U014 C	nt J	do the following
PART C:	For each hazardous waste ion to the extent such inform	Listed above in	part b, provi d readily avail	able to you.
· · · ·	HAZARDOUS CONSTITUENTS	EST. MASS DISCH./MO (1bs)	EST. CONC. I	EST. MASS TO BE DISCHARGED DURING MEXT 12 MO. (1bs)
2.				
	00 0/110	2//)	CATATLY	
* 3. CH	yelene (fly col (107-	<del>21-1</del> )	200 Thy	
FRO.	thousand (at 36-1	0.3/11/		
* 4. M	thand (107-21-1)	<u> </u>	2) 30016	in C. Oli
	0 10	r f.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
米5.	encesal Mercin Cor	mound	50-1000x b.	China esterationisticamentationestationisticamentes tata esterationisticamentes de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant d
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20. Ja	imeisal Mercury	11		V
PART D:	CERTIFICATION:			
under my qualific inquiry respons my know signific and important of the wol	certify under penalty of law y direction or supervision in ed personnel properly gather of the person or persons will be for gathering the informal edge and belief, true, account penalties for submitting risonment for knowing violating further certify that the facture and toxicity of hazardouned to be economically practice.	n accordance with and evaluate the in who manage the system ation, the information date information does not constitute the system and above as wastes generated.	a system denign nformation submits them, or those ation submitted ate. I am awa, including the part of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree of the degree	itted. Based on my persons directly is, to the best of re that there are possibility of final
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### METROPOLITAN ST. LOUIS SEWER DETRICT INDUSTRIAL FACILITY INSPECTION REPORT

Company: ST. Louis UnivERSITY LOSPITAL	
Premise Address: 3635 VISTA AUE & GRAND AVE Zip Code	: 63/04
7/1/2/95/-00 Current MSD	category: 49
Inspection Contact Person: GARY RAUSCHENBAUCH   H.C. ABBOTT-1	pcility Dipactor
Title: Director of Building Skrukears  Phone # 314	1-577-8070
Title: DIRECTOR of BUILDING SAKURKORS Phone # 517	, 0% 200
Inspection Date: 5-21-97 Time of inspection: From	
Inspector: ScauGA Reinspection Initi	al Inspection
References used: IUQ Date: 8-10-94 IDS Date: 5-14-97 Permit	Date: 1-1-95
NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST	INSPECTION
Date of Last Inspection: 5-14-96	Yes_ No_
1. HAS FIELD CONTACT CHANGED ? New contact name and title	163 10
2. HAS EMPLOYEE NUMBER CHANGED ? New Number	Yes_ No_
3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? New Shifts New Days per Week	Yes No
4. ARE THE LISTED SIC's CORRECT ? Note any changes:	Yes No_
5. ARE MAJOR PROCESSES BATCH ? OR CONTINUOUS ?	<u> </u>
A. If batch, how frequent is cleanup and how is cleanup waste	disposed ?
B. Any new batch processes which discharge ? C. Comments:	Yes_ No_
6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ?  A. If yes, what ?  B. Affect which sample points ?	***************************************
7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ?  A. If yes, what ?  B. Comments:	Yes_ No_
8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ?	
B. Affect which sample points?  C. Is surcharge status affected?	Yes No
D. Is return factor status affected ?	Yes No
E. If yes to C or D, explain:	

9.	IS ANY WATER USED FOR COOLING ?	100 1 1-1	Yes <u>\blacktriand</u> No
9.	IS ANY WATER USED FOR COOLING?  A. What does the water cool?	AC, Cyclotron	
	01: 0	Non-contact CW ?	
	B. Contact CW ? C. Once-through ?	Recirculated ?	
		ed before or during use	? Yes No_
		9	
	$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}}}}}}$	Capacity (tons) _	UNK.
	F. Cooling tower(s)	tomatic - 48,000 GAD Discharge	to KUADONTION & SANTARY
	H. At which sample points?	001	Skukk
	I. Comments:		
	THE WARD WARD IN POTTERS 2		Yes_No_
10.	IS ANY WATER USED IN BOILERS ?  A. Is the water treated or condition	ed before or during use	
	A. Is the water treated or condition	? On SCAVANGERS. DESCALARS	Na OH
	B. What contaminants may be present  C. Frequency & volume of blowdown A	dometic - 49000 Discharge	to SANTARY SAWER
	C. Frequency & volume of blowdown Ho  D. At which sample points?	00/	
	E. Comments:		
11.	IS ANY WATER USED IN AIR POLLUTION CONT	ROL DEVICES ?	Yes_/No
	$\lambda$ . That times of devices ? (A/N) $\omega$	CRUPORIC TUE SACIRISTING	<u> </u>
	R How is the water disposed?	SAVITARY SKUML	
	C What contaminants may be present	? Na OH	C T30 65150
	n n if discharged	Continuale - 300% (7/2) 111 SCDAI	tge to SANITALY SHOULD
	E. At which sample points?	1 00/ OPERATION	
	E. At which sample points?  F. Comments: Schubble only Disc.	MARGES WHITE OTHERING	
	ARE THERE, ON THE ROOF, ANY AIR POLLUT		
12.	EXHAUST FANS FROM WHICH POLLUTANTS MAY	ENTER STORM DRAINS ?	Yes No
	A Damawika		
	B. What contaminants may be present	?	
	C. At which sample points?		
	D. Comments:		
	<del></del>		Yes No_
13.	ARE THERE ANY GREASE OR OIL INTERCEPTOR	RS ?	Yes_V NO
	A. Food wastes ? GRASE TRAP - KITCHE		
	B. Frequency of cleaning Monthly	<u> </u>	Yes No_
	C. Are cleaning logs kept?	HAULED OFF SITE	ies v No
	D. How is oil/grease disposed?	SHOULD OFF SITE	
			Yes / No_
14.	ARE ANY SOLVENTS USED ?  A. Which solvents ? CHlerofoen, Phr.	END METHULENE CHIDEK	DE TOLUENE YULENE
		USE - LAB BLANTITIES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Site	
	<ul> <li>C. How disposed ?</li></ul>	gement plan ?	Yes_ No_
	E. If yes, last time updated	. Update neede	d ? Yes No
	F. Is there a copy in MSD file?		Yes No
			/-
15.	ARE ANY INFECTIOUS MATERIALS HANDLED ?	11 20 11 11/ NOTE	Yes_No_
	A. If yes, describe operations	MOSPITAL UVHSIR	100 100 110 100 000
	B. How is waste disposed ?	TOUS WASTE IS INCINERATED OF	NSITE - LAURSEY HALLED OFF
:			SITE

16.	ARE AL	NY RADIOACTIVE MATERIALS HANDLED ?  If yes, describe operations	YesNo
	B. C. D.	NRC License No.: 24-00/96-07  How is waste disposed? Wauke OFF Sith, Also Some Shu If disposed to sewer, describe procedures: I Sotages Alk Star THEN SEWELED	
	E.	Does company have authorization per Ord. 8472, Art. V.1.A?	YesNo
17.	ARE TO A. B. C. D.	HERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS?  If yes, describe X-Ray Developing  At which sample points?  Silver recovery facilities at these points?  Comments: Good loveles on Agenc units	Yes_No
18.	ARE A	NY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER?  UDE ANY WASTES PREVIOUSLY LISTED)  If yes, what types of wastes? TNFECTIONS WASTE, GREAGE, LA  Solvery, Silver, Traingration ASH  How disposed?  Admittal off Site	Yes V No_ unpy, LAB WASTE,
	B. C. D.	How disposed ?	Yes / No_ /2
19.	IS TH UNDER A.	ERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? If yes, describe: Provide the company with a reporting form and instructions.	Yes No
20.	A. B.	THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ?  How many ? 2 Capacities: 10,000 , 12,000 6.40  What do they contain ? 2 Fuel oil	Yes No Yes No
	C. D.	Have there been any known leaks from these tanks ?  If yes to C, explain:	ies_ No
	E. F.	Are all of the tanks registered with MDNR ?  If no to E, explain:	Yes No_
21.	DOES A.	THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ?  How many ? Capacities:	Yes_ No_
	B. C. D.	What do they contain ?Are they protected with spill containment facilities ?  If no, explain:	Yes No
	E.	If yes to C, how is accumulated stormwater disposed ?	
22.		SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH CARY SEWERS OR STORM DRAINS ?	Yes_ No_
23.		COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ?	
	C.	If yes, last time updated	Yes_ No_ Yes_ No_
	<i>.</i>	22 Jet 60 0, explain.	

24.	MILC LIMPANT HACE W MKITITH OFFICE PROGRAMMED	Yes No
		Yes No Yes No
25.		Yes No_ Yes No_
26.	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ?  A. Upsets ? Bypasses of pretreatment facilities ?  Spills ? Slug discharges ? Other ?  B. Explain any marked:	_
27.	IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS?  A. If yes, identify the CFR Part & Subpart:  B. Is the wastewater discharged to the sewer?  C. If yes, which sample points?  D. If no, what is done with the wastewater?  E. Comments:	Yes No
28.	IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ?  A. If yes, date BMR received:  B. If yes, doe's it correctly reflect current conditions ?  C. If no to A or B, explain:	Yes,No
29.	IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.?  A. If yes, date 90 Day Report received:  B. If yes, does it correctly reflect current conditions?  C. If no to A or B, explain:	Yes No
30.	IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ?  A. If yes, identify the CFR Part and Subpart which would be approximately as produced:  B. Explain the absence of process wastewater:	Yes No plicable if process
31.	IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ?  A. If yes, identify the CFR Part & Subpart:  B. What is done with the process wastewater ?  C. Comments:	Yes No
32.	IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ?  A. At which points ?  B. If yes, is the correct factor currently applied ?  C. If no, explain:	Yes_ No_
33.	IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ?  A. At which points ?	Yes_ No_
	B. Since calculation of the current limits, has the long term average production rate changed by 20% or more?  C. If yes, explain:	Yes No

34.	IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ?	Yes_ No_
	A. If yes, identity the CFR Part & Subpart:	
	C. If yes, which sample points?	
	D. If no, what is done with the wastewater?	
	E. Comments:	
35.	HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE	
	LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ?	Yes No_
	LAST INSPECTION OR WITHIN THE LAST 12 MONTHS?  A. If yes, what pollutants? How often?	
	At which sample points !	
	B. Has the problem been resolved ?	Yes No
-	C. If no, what is being done ?	- 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to
	D. Comments:	
36.	HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE	
50.	THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ?	Yes_ No_ NA_
	A. If yes, what pollutants ? How often ? _	
	At which sample points ?	
	B. Has the problem been resolved ?	Yes No
	C. If no, what is being done ?	
	D. Comments:	
	-	
37.	IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES ?	Yes_ No
	B. If other document, date & description:	
	C. Have the reports been on-time and complete ?	Yes_No
	D. If no, explain:	
	THE WOLDON THEW 27 DOES COMPANY SELE MONITOR ANTHINY 2	Yes No_ MA
38.	IF NO TO ITEM 37, DOES COMPANY SELF MONITOR ANYWAY ?	103
	A. If yes, explain:	
39.	IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE	
	(GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ?	Yes_ No_
	A. If no, explain:	
<i>,</i> 0	IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES	Yes No
40.		. 100
	A. If no, explain:	
41.	DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR PH ?	Yes_ No_
72.	A. At which sampling points ?	
	B. Do the charts show compliance with	
	the frequency and duration limits ?	Yes No
42.	IS COMPANY SUBMITTING THE RESULTS OF ALL REPORTABLE MONITORING ?	Yes_ No_
	A. If no, explain:	
43.	IS COMPANY MAINTAINING ADEQUATE RECORDS ?	Yes_No_
45.		<del></del>
43.	A. If no, explain:	<del></del>

44.	IS CO	MPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS ?  If yes, type and date:	Yes No_
45.	Α.	MPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ?  If yes, requirement is contained in permit or other do  If other document, date & description:  Have the reports been on-time and complete ?	Yes NoYes No
	D.	If no, explain:	
46.	DOES A. B.	COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? If yes, is company in compliance with requirements ? Comments:	Yes_ No_ Yes_ No_
47.	Δ	COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ?  If yes, does company have a permit ? Number  Is there a copy in MSD file ? (Obtain copy)  If no to A, explain	Yes_ No_ Yes_ No_ Yes_ No_
48.	IS MS	ED CATEGORY CORRECT ?  If no, explain:	Yes_No_
	В.	What should category be ?	
49.	REVII A. B. C.	THE SAMPLE POINT MAP! Last map revision date:	162 6 110
50.	OPEN A.	AND INSPECT EACH SAMPLE POINT !  If any mapped sample points can not be located or opened,	explain:
Use	the re	maining space on this page for any other comments or observa	ations pertinent to
tu Bullion m	22 - 12 XXX 22 - 23 - 24 - 24 - 24 - 24 - 24 - 24 -		
artain Wildonsin	<u>uni-dudi-apon-ja-apppanananana</u>		
		<u> </u>	
entitlement (Control	Marana da Marana da Marana da Marana da Marana da Marana da Marana da Marana da Marana da Marana da Marana da M		
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			apanananananananananananananananananana

Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	The many water steel and steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel steel	2	3	4	5	6
Sample Point (MSD #):	00/	002				wowenesses and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
Applicable Cat. Std.:		4444	de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la			
Is discharge Batch (B) or Continuous (C) ?	B_C_	B_C_	BC	BC	BC	BC_
Oil or grease inter.?	Y_N_Y	Y_N_	YN	YN	YN	ҮИ
Other Pretreatment ? Describe:	Y_N_	Y N Ag REC	Y_N_	YN	YY	Y_N_
Process wastes ?	Y N Hospital	Y_N_	YN	YN	YN	<u>Y_N_</u>
Plant & Equip washdn ?	<u>Y                                    </u>	Y <u>~</u> N	YN	YN	YN	<u> Y_N_</u>
Sanitary Wastes ?	X N	Y_N_	YN	YN	YN	<u>Y_N_</u>
Contact CW ?	Y N	Y_N_	AN	YN	YN	<u>Y_N_</u>
Noncontact CW ?	<u>Y                                    </u>	Y_N_Y	ҮЙ	YN	YN	<u>Y_N_</u>
Boiler Blowdown ?	<u>Y_N_</u>	Y_N_Y	YN	YN	YN	<u>Y_N_</u>
Stormwater ?	<u>Y N</u> _	Y_N_	<u> Ти_т</u>	YN	YN	<u>Y_N_</u>
CWF factor correct ? If no, list new factor:	Y_N	Y_N MA	Y_N_	Y_N_		<u>Y_N_</u>
Disch. Fact. Correct ? If no, list new factor:		Y_N_	YY	YY	Y_N_	<u>Y_N_</u>
Is it possible to obtain representative sample?	n <u>Y                                    </u>	Y_V_	YN	YN	YN	<u>Y_N_</u>
Is SP safe/accessible ?	Y N_	X N	YN	YN	YN	<u> </u>
Any problems with SP? If yes, describe below.		Y_N_	YN	Y_И_	YN	<u> </u>
identify the spec	ific process	operations	•		categorical p	
	nnection poir					

### RETURN FACTOR (RF) SUMMARY SHEET FOR INSPECTIONS

Date: 5-21-97			Inspecto	or: John Scarba	
Company name: 57	Jours U. 315-1341	WIVERSITY HOSE S. GLAND	ortal Acc	count #: 4/12/95/ code: 63/04	
What is the curren Date granted? <u>\$-2</u> What is account's For what purpose w	1 <i>1-91</i> current wa	How was dat	e determined? <u> <i>(</i>0</u> .on (GPD)? <u>/41,33</u>	agree with PSIM? yes / no_ ding Towkn KVAPARATion Loss	NA
TYPE OF WASTE-WATER NOT DIS-CHARGED TO SEWER	VOLUME (GPD) 48,061	METHOD OF	DOCUMENTATION	Confidence Elboration Loss D WATER CALIBRATION	Tue TO Mus
				nal return factor?	
Are there other ac	counts wit	h return fact	cors? yes no	How many?	dmm 8/96

METROPOLITAN ST. LOUIS SEWER DI INDUSTRIAL FACILITY INSPECTION REPORT ST. Louis UNIVERSITY HOSPITAL

Company:	1
Premise Address: 1315—1341 S. GRAND Zip Cod	le: <u>63/04</u>
Account #: 41/21957-00 Current MSD	category: 47
Inspection Contact Person: GARY RAUSCHENBAUCH / H.C. ABBO	17- FACILITY DIRECTOR
Title: Director of Building Starvices Phone # 31	4-577-8070
Inspection Date: 5-14-96 Time of inspection: From	1 10 10 /Am
Inspector: John Scan614 Reinspection V Init	tial Inspection
References used: IUQ Date: 8-10-94 IDS Date: 5-8-96 Permit	Date: 1-1-95-
NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST	INSPECTION
Date of Last Inspection: 6-6-95	,
1. HAS FIELD CONTACT CHANGED ? New contact name and title	Yes_ No_
2. HAS EMPLOYEE NUMBER CHANGED ? New Number	Yes No
3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? New Shifts New Days per Week	Yes No
4. ARE THE LISTED SIC's CORRECT ? Note any changes:	Yes No_
5. ARE MAJOR PROCESSES BATCH ? OR CONTINUOUS ?	V
A. If batch, how frequent is cleanup and how is cleanup waste	disposed ?
B. Any new batch processes which discharge ? C. Comments:	Yes No
6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ?	
A. If yes, what ?	
7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? A. If yes, what ?	Yes_ No_
B. Comments:	
8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? A. If yes, what ?	
B. Affect which sample points ?	
<ul><li>C. Is surcharge status affected ?</li><li>D. Is return factor status affected ?</li></ul>	Yes No Yes No
E. If yes to C or D, explain:	

9.	IS ANY WATER USED FOR COOLING?  A. What does the water cool? HVAC, CYCLOTRON  Yes_No
	B. Contact CW ? Non-contact CW ?
	C Once-through ? Recirculated ?
	D Is the water treated or conditioned before or during use? Yes No
	What contaminants may be present? ALGECIDES BIOCIDES
	E Cooling towar(s) CT-h Capacity (tons) UNK
	G Frequency & volume of blowdown Automatic - 1800 bit Discharge to EVAPORATION & JANIA
	H. At which sample points?
	H. At which sample points?  I. Comments: PLANS of Replacing Two CT with New Eduipment
10	IS ANY WATER USED IN BOILERS ? YesNo
10.	10 International Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont
	A. Is the water treated or conditioned before or during use ? [es_ No_,
	B. What contaminants may be present? On Sanjages Descales, Soojum Hypkox, OK.  C. Frequency & volume of blowdown Automatic - 4900 Discharge to Sanjage Skulle
	C. Frequency & volume of blowdown HUNDHAMIC - 77000 Discharge to Stantary Skuller
	D. At which sample points ?
	E. Comments:
11.	IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES 3 Yes No_
<b></b>	A. What types of devices? WET SCHUBBER FOR INCINERATOR
	B. How is the water disposed? SANTARY SEWER
	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o
	D. Frequency & volume if discharged Control Discharge to SAUTHAN SAUCE
	E. At which sample points? OO!  F. Comments: ONly Dishaeges while Operating
	F. Comments: <u>ONLY DISTARGES Whilk OPERATING</u>
12.	ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR  EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS?  A. Describe  B. What contaminants may be present?  C. At which sample points?  D. Comments:
13.	ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes No_
1.	A. Food wastes ? Gilhash TRAP - Kitchen Petroleum wastes ?
	B. Frequency of cleaning Monthly Chaving
	C. Are cleaning logs kept?  Yes No
	D. How is oil/grease disposed? HAULED OFF SITE
14.	ARE ANY SOLVENTS USED?  A. Which solvents? CHORDFORM Phenol, METhylkine CHORDE, TOLURIE, XULENE
	B. What used for: KRAGENTS - LAB QUANTITIES
	C. How disposed? HANDED OFF SITE
	D. Does company have a solvent management plan ? Yes No
	E. If yes, last time updated Update needed ? Yes No
	F. Is there a copy in MSD file ? (Obtain copy) Yes No
15.	ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes No_
	A. If yes, describe operations ASPITAL WASTE
	B. How is waste disposed ? INTROTIONS WATTE IS INCINERATED ON SITE-LAUNDRY

16.	ARE ANY RADIOACTIVE MATERIALS HANDLED ?  A. If yes, describe operations	Yes_No_
	B. NRC License No.: 24-00/96-07  C. How is waste disposed? HAULED OFF SITE, SEWERED  D. If disposed to sewer, describe procedures: Some MATRELL  LINTIL DECAYED THEN SEWERED	ALS ARE STORED
	E. Does company have authorization per Ord. 8472, Art. V.1.A	,
17.	ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS?  A. If yes, describe X-Lay Davidoping  B. At which sample points?  C. Silver recovery facilities at these points?  D. Comments: Good Maintanance and Conthols on Silven Recovery	Yes_No_ Yes_No_ lovery units
18.	ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER?  (INCLUDE ANY WASTES PREVIOUSLY LISTED)  A. If yes, what types of wastes? INFECTIONS WHSTE, GREASE,  Solvent, Silver, Incidention ASH	Yes V No_ LAUNDRY, LAB WASTE
	B. How disposed? <u>HANLED OFF SITE</u> C. Are any of these wastes RCRA hazardous?  D. MDNR and/or EPA hazardous waste generator No.: O/	Yes <u>√</u> No 742
19.	IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSI A. If yes, describe:  Provide the company with a reporting form and instruction	
20.	DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS?  A. How many? 2 Capacities: 10.000 GAL  B. What do they contain? 42 Fuel on	Yes
	C. Have there been any known leaks from these tanks ?  D. If yes to C, explain:	Yes_ No_
	E. Are all of the tanks registered with MDNR ? F. If no to E, explain:	YesNo
21.	DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ?  A. How many ? Capacities:  B. What do they contain ?	Yes_ No_
	C. Are they protected with spill containment facilities?  D. If no, explain:  E. If yes to C, how is accumulated stormwater disposed?	
22.	COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REAC SANITARY SEWERS OR STORM DRAINS ? A. If yes, what needs to be done ?	Yes No
23.	DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ?  A. If yes, last time updated	
	A. If yes, last time updated	Yes_ No_ Yes_ No_

24.	DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ?  A. If yes, last time updated  B. Is there a copy in MSD file ? (Obtain copy)	Yes	
	C. Is a plan needed ? D. If yes, explain:	Yes	No
25.	A. Are MSD contacts listed ?	Yes V Yes V	No
26.	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION?  A. Upsets? Bypasses of pretreatment facilities?  Spills? Slug discharges? Other?  B. Explain any marked:	Yes - -	No
27.	IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ?  A. If yes, identify the CFR Part & Subpart:  B. Is the wastewater discharged to the sewer ?	Yes	No
	B. Is the wastewater discharged to the sewer?  C. If yes, which sample points?  D. If no, what is done with the wastewater?  E. Comments:		
28.	IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ?  A. If yes, date BMR received:  B. If yes, does it correctly reflect current conditions?	Yes	No_ N/A
	C. If no to A or B, explain:		*
29.	IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.?  A. If yes, date 90 Day Report received:  B. If yes, does it correctly reflect current conditions?  C. If no to A or B, explain:	Yes	No
30.	IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER?  A. If yes, identify the CFR Part and Subpart which would be approximately approximately as produced:  B. Explain the absence of process wastewater:	Yes plicab	***************************************
31.	IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ?  A. If yes, identify the CFR Part & Subpart:  B. What is done with the process wastewater ?  C. Comments:	Yes	No
32.	IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ?  A. At which points ?	Yes	No
	B. If yes, is the correct factor currently applied? C. If no, explain:	Yes	No
33.	IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? A. At which points ?	Yes	No
	<ul><li>B. Since calculation of the current limits, has the long term average production rate changed by 20% or more?</li><li>C. If yes, explain:</li></ul>	Yes_	No

34.	IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ?	Yes No
• • •	A If you identity the CER Part & Suppart'	Yes No
	C. If yes, which sample points?	
	D. If no, what is done with the wastewater ?	
	E. Comments:	
35.	HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ?  A. If yes, what pollutants ? How often ?	Yes No
	At which sample points ?	Yes No
	D. Comments:	
36.	HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ?  A. If yes, what pollutants ? How often ?	Yes_ No_ NA_
	At which sample points ?  B. Has the problem been resolved ?  C. If no, what is being done ?  D. Comments:	Yes No
	•	/
37.	IS COMPANY <u>REQUIRED</u> TO SELF-MONITOR ANY OF THEIR DISCHARGES?  A. If yes, requirement is contained in permit  or other document, date & description:  C. Have the reports been on-time and complete?	Yes_/ No_cument
	C. Have the reports been on-time and complete?  D. If no, explain:	Yes_/No
38.	IF NO TO ITEM 37, DOES COMPANY SELF MONITOR ANYWAY ? A. If yes, explain:	Yes. No_ Ma
39.	IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ?  A. If no, explain:	YesNo
40.	IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? A. If no, explain:	Yes No_
41.	DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ?  A. At which sampling points ?	Yes_ No_
	B. Do the charts show compliance with	
	the frequency and duration limits ?	Yes No
	C. If no, explain:	
42.	IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING ?  A. If no, explain:	Yes No_
	,	
43.	IS COMPANY MAINTAINING ADEQUATE RECORDS ?  A. If no, explain:	YesNo

44.	IS CO	MPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS ?  If yes, type and date:	Yes No_/
45.	IS CO A. B.	MPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS?  If yes, requirement is contained in permit or other do  If other document, date & description:	ocument
	C. D.	nave the reported to the	
46.	DOES A. B.	· ·	Yes_ No_ Yes_ No_
47.	A. B.	COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ?  If yes, does company have a permit ? Number  Is there a copy in MSD file ? (Obtain copy)  If no to A, explain	Yes No Yes No
48.	IS MS	SD CATEGORY CORRECT ?  If no, explain:	YesNo
	В.	What should category be ?	
49.	REVÌI A. B. C.	THE SAMPLE POINT MAP! Last map revision date: 7  Are all sample points correctly located & identified?  Is the map correct and accurate in all its details?  If no to A or B, what changes are needed?	Yes_No_ Yes_No_
ъо. О	OPEN A.	AND INSPECT EACH SAMPLE POINT !  If any mapped sample points can not be located or opened,	explain:
Use your	the re	maining space on this page for any other comments or observa	ations pertinent to
***************************************			
standard PATE			
-g _{1-y} -x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-			
andorsthinesteristic			
ognerenniarann			

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002	Ohio Santa Andrea	910000000000000000000000000000000000000		<b>Wateroone</b>
Applicable Cat. Std.:	warestates and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco				-q-annual-annual-annual-print-priggs	\$\$\$\$nneyspylardd\$nnnnnng
Is discharge Batch (B) or Continuous (C) ?	B_C_	B_C_	BC	BC_	BC	BC_
Oil or grease inter.?	Y_N_V	Y_N_	YN	YN	YN	YN
Other Pretreatment ? Describe:	Y N	Y N AG REC	YN	Y_N_	NY	YN
Process wastes ?	Y N Hospita	Y YN_	YN	YN	YN	<u>Y_N_</u>
Plant & Equip washdn ?	<u>Y                                    </u>	Y_N_	YN	YN	YN	<u>Y_N_</u>
Sanitary Wastes ?	<u>Y _N</u>	Y_N_	YN	YN	YN	<u>Y_N_</u>
Contact CW ?	Y_N_	Y_N_Y	YN	YN	YN	<u>Y_N_</u>
Noncontact CW ?	<u>Y N _</u>	Y_N_	Y_N_	YN	YN	<u>и</u> _и
Boiler Blowdown ?	YVN_	Y_N_	YN	Y_N_	YN	<u>Y_N_</u>
Stormwater ?	Y N_	Y_N	<u></u> и	YN	YN	<u>Y_N_</u>
CWF factor correct ? If no, list new factor:	Y N N	Y N N/A	Y_N_	YN		<u>Y_N_</u>
Disch. Fact. Correct ? If no, list new factor:		Y_N	Y_N_	YN	Y_N_	<u>Y_N_</u>
Is it possible to obtain representative sample ?		Y_N	YN	YN	YN	<u>Y_</u> N
Is SP safe/accessible ?	YVN_	Y_N	YN	YN	YN	<u>Y_N_</u>
Any problems with SP ? If yes, describe below.		Y_N_V	YN	YN	YN	<u>Y_N_</u>
B. Describe in	ific process	s operations	rocess water : t problems f	Found:	categorical	
					00000000T 4000	

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY INSPECTION PEPORT

Company: ST. Louis UNIVERSITY HOSPITAL	
Premise Address: 1315 — 1341 S. Girano Zip Cod	ie: <u>63/04</u>
	category: 49
Inspection Contact Person: GARY RAUSCHENBAUCH / HC A	BBOTT - FACILITY DIA
Title: DIRECTOR OF BLOG SERVICES Phone # 31	
Inspection Date: 6-6-95 Time of inspection: From	1 9 Am To 11 Am
Inspector: John Scanba Reinspection V Init	tial Inspection
References used: IUQ Date: 8-10-94 IDS Date: 2-14-95 Permit	Date: 1-1-95
NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST	INSPECTION
Date of Last Inspection: 5-18-94	
1. HAS FIELD CONTACT CHANGED ? New contact name and title	YesNo
2. HAS EMPLOYEE NUMBER CHANGED ? New Number	Yes_ No_
3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? New Shifts New Days per Week	Yes_ No
4. ARE THE LISTED SIC's CORRECT ? Note any changes:	Yes_No_
5. ARE MAJOR PROCESSES BATCH ? OR CONTINUOUS ? 4 A. If batch, how frequent is cleanup and how is cleanup waste	disposed ?
B. Any new batch processes which discharge ? C. Comments:	Yes_ No_
6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ?  A. If yes, what ?  B. Affect which sample points ?	
7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? A. If yes, what ? B. Comments:	
8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? A. If yes, what ?	
B. Affect which sample points ?  C. Is surcharge status affected ?  D. Is return factor status affected ?	Yes No Yes No
E. If yes to C or D, explain:	-

0	IS ANY WATER USED FOR COOLING ?
9.	A. What does the water cool? What, CyclotRow-
	B. Contact CW ? Non-contact CW ?
	A Once through 2 Recliculated (
	E. What contaminants may be present? HIGE CIDES, BIOCIDES, NO CHROMATES USED
	F. Cooling tower(s) C1-6 Capacity (tons) WWK  G. Frequency & volume of blowdown Automatic-4800 GlD Discharge to SAnitary Sauth 4
	G. Frequency & volume of blowdown humphic 1005 GTD Discharge Confidence of File Polaring
	H. At which sample points? OOI EVAPORATION  I. Comments: Cooling Towar is on a water mark up System
	I. Comments: COOLING TOWKE IS ON A WHITE THE UT SYSTEM
10	IS ANY WATER USED IN BOILERS ? YesNo
10.	To the water treated or conditioned before or during use? Yes No
•	B IT - contaminants may be present ? 1/2 SCHUKNOWES DESCHEES JOURN MY UKOLINE
	C. Frequency & volume of blowdown Automatic - 49000 640 Discharge to SANTARY Shuren
	n At which cample noints?
	E. Comments: Bilke is ON A WATER MAKE UP System.
11.	IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES?  Yes No.
	A What types of devices? Wel SCRUBBAL FOR INCINARATION
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	B. How is the water disposed? SHOTTING SIGNATURE PASTICUME FROM ASH.  C. What contaminants may be present? SODIOTA HYDROXIDE PASTICUME FROM ASH.
	D. Frequency & volume if discharged hypmanic - 5000 on Discharge to Many 1990
	E. At which sample, points? OO!  F. Comments: Continuous Discharge While Operating
	F. Comments: Continuous Dischage While Openaling
10	ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR
12.	EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes_ No
	A. Describe
	B. What contaminants may be present ?
	C. At which sample points ?
	D. Comments:
13.	ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes_No_
	A. Food wastes ? GREASE TRAP Petroleum wastes ?
	B. Frequency of cleaning Monthly Cleaning
	C. Are cleaning logs kept? Yes_No_
	D. How is oil/grease disposed? HAUKO OFF STK
14.	
	B. What used for: AB Quantities Fol RRAGENTS
	C. How disposed? NAULED off SiTE  D. Does company have a solvent management plan?  Yes_NoNo
	F. Is there a copy in MSD file? (Obtain copy) Yes_No
15.	ARE ANY INFECTIOUS MATERIALS HANDLED ? . Yes No_
	A. If yes, describe operations Hospital WASTE
	B. How is waste disposed ? INF WASTE IS INCINERATED, LAUNDRY IS HANKED OF
	Site
	~//E

16.	ARE ANY RADIOACTIVE MATERIALS HANDLED ?  A. If yes, describe operations <u>Nuclease madicina</u> , <u>Cyc</u>	LOTRON NO_
	01/ 00161 07	
	C HOW IS WASTE DISPOSED ? STORED FOR DECAY THEN SHUKE	AD, OTHER IS HANGED OF S
	D. If disposed to sewer, describe procedures: STORED FOR B	recay THAN DISCARLIFED
	E. Does company have authorization per Ord. 8472, Art. V.1.A	? Yes Vo_
17.	ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ?	Yes_No_
	A. If yes, describe <i>I-RAY</i> R At which sample points ? 001	,
	D. AC WILLOID SUMPLO POLITICO .	Yes UNO_
	C. Silver recovery facilities at these points?  D. Comments:	
18.	ARE ANY WASTES (OTHER THAN ANY INCLUDED ABOVE) GENERATED WHICH ARE NOT DISPOSED TO THE SEWERS ?	Yes_No_
	A. If yes, what types of wastes? INFECTIOUS WASTE, GREAK, L. SILVER, INCONTRACTION ASH	AUMORY, LAB WASTE SoliVe
	B. How disposed? NHULLO OFF OIK	
	C. Are any of these wastes RCRA hazardous?  D. MDNR and/or EPA hazardous waste generator No.:	Yes_No
19.	IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD A. If yes, describe:	? Yes_ No_
20.	DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS?  A. How many? 2 Capacities: 10,000 - 12,000 Gral  B. What do they contain? 2 Full oil	Yes_LNo
	C. Have there been any known leaks from these tanks?  D. If yes to C, explain:	Yes_ No_
	E. Are all of the tanks registered with MDNR ? F. If no to E, explain:	YesNo
21.	DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ?  A. How many ? Capacities:  B. What do they contain ?	
	C. Are they protected with spill containment facilities ?	
	D. If no, explain:  E. If yes to C, how is accumulated stormwater disposed?	
22.	COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REAC SANITARY SEWERS OR STORM DRAINS ? A. If yes, what needs to be done ?	Van Nal
23.	•	·
	A. If yes, last time updated B. Is there a copy in MSD file ? (Obtain copy)	Yes_ No_ Yes_ No_
	C If No to 23 is a plan needed 2	Yes_ No_
	D. If yes to C, explain:	

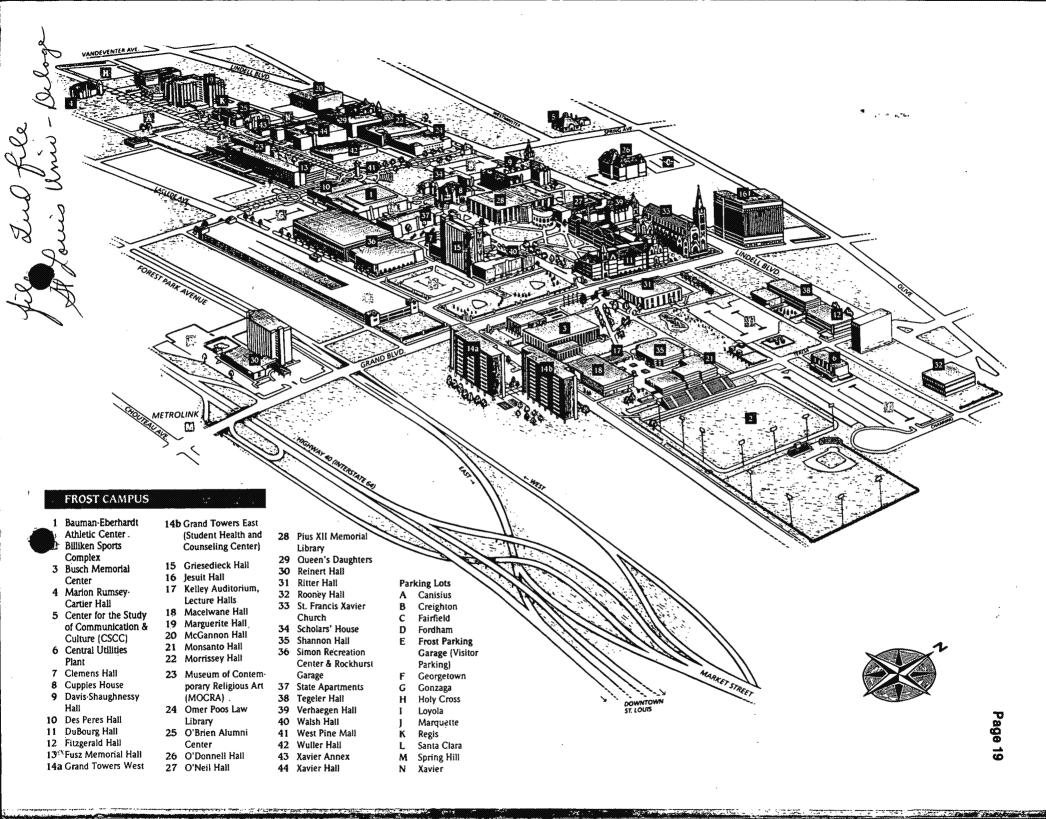
24.	DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ?  A. If yes, last time updated	Yes No_
	A. If yes, last time updated	Yes_ No
25.	ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ?  A. Are MSD contacts listed ?	YesNo YesNo
26.	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ?  A. Upsets ? Bypasses of pretreatment facilities ? Spills ? Slug discharges ? Other ? B. Explain any marked:	
27.	IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ?  A. If yes, identify the CFR Part & Subpart:  B. Is the wastewater discharged to the sewer ?	
	B. Is the wastewater discharged to the sewer? C. If yes, which sample points? D. If no, what is done with the wastewater? E. Comments:	
28.	IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ?  A. If yes, date BMR received:  B. If yes, does it correctly reflect current conditions ?	Yes No
	C. If no to A or B, explain:	
29.	IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.?  A. If yes, date 90 Day Report received:  B. If yes, does it correctly reflect current conditions?  C. If no to A or B, explain:	Yes No
30.	IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ?  A. If yes, identify the CFR Part and Subpart which would be apwastewater was produced:  B. Explain the absence of process wastewater:	
31.	IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED TO A. If yes, identify the CFR Part & Subpart:  B. What is done with the process wastewater?  C. Comments:	? Yes No/
32.	IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ?  A. At which points ?	Yes No
	B. If yes, is the correct factor currently applied ? C. If no, explain:	Yes No
33.	IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ?	Yes_ No_
	<ul> <li>A. At which points?</li> <li>B. Since calculation of the current limits, has the long term average production rate changed by 20% or more?</li> <li>C. If yes, explain:</li> </ul>	Yes No

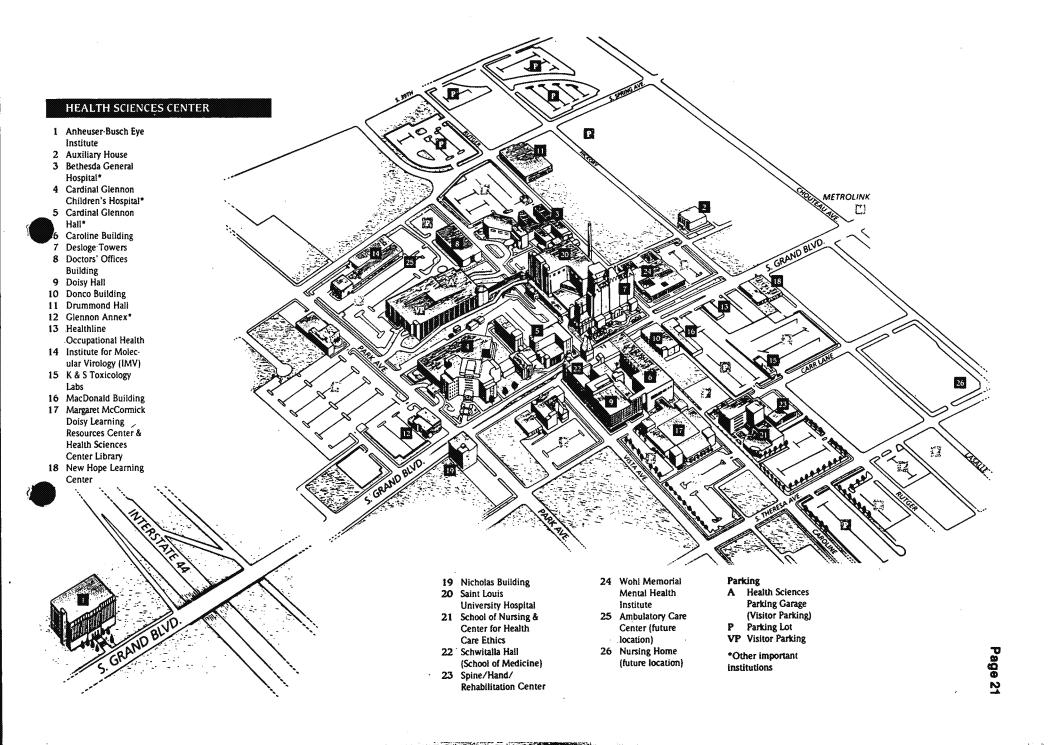
34.	IS ANY	WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ?  If yes, identify the CFR Part & Subpart:	Yes	No
	В.	Is the wastewater discharged to the sewer?		No
	D.	If no, what is done with the wastewater ?		
	E.	Comments:	,	
35.		MPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE INSPECTION OR WITHIN THE LAST 12 MONTHS ?  If yes, what pollutants ? How often ?		ио 🗸
N	В. С.	At which sample points ?	Yes	No
36.	1140 00	OMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE AST INSPECTION OR WITHIN THE LAST 12 MONTHS ?  If yes, what pollutants ? How often ?	Yes	No_NA_
	В. С.	At which sample points?  Has the problem been resolved?  If no, what is being done?	Yes_	
		Comments:	······································	
37.	IS CON A. B.	MPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES ?  If yes, requirement is contained in permit or other do  If other document, date & description:		distributions and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
		Have the reports been on-time and complete ?  If no, explain:	Yes_	No
38.		TO ITEM 38, DOES COMPANY SELF MONITOR ANYWAY ?  If yes, explain:	Yes_	. No M/4
39.	(GRAB	MPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? If no, explain:	Yes_	No
40.		MPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ?  If no, explain:	Yes_U	No
41.	Α.	COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ?  At which sampling points ?	Yes_	No_
	В.	Do the charts show compliance with	V	ΝTα
	C	the frequency and duration limits?	res	No
	C.	If no, explain:		
42.	IS CO	MPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING ?  If no, explain:	Yes_V	No
43.		MPANY MAINTAINING ADEQUATE RECORDS ? If no, explain:	Yes_	No

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Complete Item 51 on the next page

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Sample Point (MSD #):	00/	002		AND DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT		
Applicable Cat. Std.:	del-highermani gray and bighermani	-		-	·	
Is discharge Batch (B) or Continuous (C) ?	B_C_	B_C_	BC	BC	BC_	BC_
Oil or grease inter.?	Y_N_	Y_N_	Y_N_	YN	YN	YN
Other Pretreatment ? Describe:	<u> </u>	Ag RECOURLY		YN	Y_N_	YN
Process wastes ?	Y N_	HROTTE WASTE	AN	ҮИ	<u>ии</u>	<u> </u>
Plant & Equip washdn ?	A N	Y_N_	YN	AN	У_И	<u> </u>
Sanitary Wastes ?	Y N_	Y_N_	AN	AN	YN	<u> </u>
Contact CW ?	Y N V	Y_N_	Y_N	. Y_N_	Y_N_	<u> </u>
Noncontact CW ?	YVN_	Y_N_V	YN	YN	YN	<u> </u>
Boiler Blowdown ?	<u>Y                                    </u>	Y_N_	Y_N_	YN	AN	<u> </u>
Stormwater ?	Y N_	Y_N_	YN	YN	AN	<u> </u>
CWF factor correct ? If no, list new factor	·· YNA	Y_N/A	Y_N_	Y_N_	YY	<u> </u>
Disch. Fact. Correct ? If no, list new factor	YVN	Y_N	Y	YN	YY	<u>Y_N</u>
Is it possible to obta representative sample	in ? YVN_	Y_VN	Y_N_	YИ	Y_N_	<u>Ā</u> N
Is SP safe/accessible	_	Y_VN_	Y_N_	Y_N_	Y_N_	Y N
Any problems with SP	? <u>Y</u> N	Y_N_V	Y_N_	YN	AN	<u>Y_N</u>
Contract seet release sees sees sees sees sees sees see	COLUMN SEES, ON SOUR SOUR SEES SEES, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS, SANS,	nt which has a	process wat	er flow from	a categorica	l proces
A. For each sidentify the sp	ecific pro	cess operatio	ns:			
P. Doggribe	in detail	any sample po	int problems	s found:		
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MEDICAL CENTER A/R DIVISION SAFETY POLICY LETTER 3.1

TO: All Schools, Centers and Divisions of the Medical Center

DATE: 1 October 1992 (Revised)

SUBJECT: Management of

Hazardous Chemical Wastes

#### I. POLICY:

It is the policy of St. Louis University Medical Center that hazardous materials will not be discarded in a manner which will jeopardize the health of any employee, the public, or the environment. Policies of the United States Environmental Protection Agency (EPA), the Missouri Department of Natural Resources (DNR) and the Metropolitan St. Louis Sewer District (MSSD) will be observed as minimum requirements in the disposal of hazardous materials.

#### II. PURPOSE:

This Policy Letter establishes guidelines for the proper management and disposal of hazardous chemicals, mixtures containing hazardous components, and containers that have at one time held a hazardous material.

#### III. PROCEDURES:

- A. Definition of a Hazardous Waste.
  - 1. Employees of the A/R Division of the Medical Center are encouraged to take a broad view in defining "hazardous", that goes beyond simply those limitations in following paragraphs. Solid trash leaving the University ultimately enters a landfill. Any chemical placed in a trash container should be one which the disposer would not object to having in minute quantities in his or her drinking water, irrespective of what the law requires.
  - 2. A waste is a material that has served its original, intended purpose and cannot be reused, reclaimed, or recycled. Hazardous chemical wastes are those which because of their composition and character pose a substantial present or potential hazard to human health or the environment if improperly treated, stored, transported, or disposed of.

A/R Division Safety Policy 3.1 Management of Hazardous Waste Page 2 of 6.

- 3. Hazardous wastes may exhibit any of the EPA characteristics of ignitability, corrosiveness, reactivity, or toxicity. (Management of radioactive wastes are specifically addressed in the University Radiation Safety manual and are not covered by this Policy Letter except as they may also contain a hazardous chemical).
- 4. Chemical wastes specifically prohibited from being discharged into the environment except by proper packaging, transport and treatment by licensed companies and individuals are listed in 40 CFR Part 261.33 (Appendix A of this Policy Letter), which will be updated as new lists are published by the EPA. It must be made clear that these lists are not inclusive and list only the most hazardous chemical wastes. Failure to find a chemical on this list does not imply that it may be disposed of in an ordinary solid waste (trash) container.
- 5. Containers that have been used to store any of the compounds listed in 40 CFR Part 261.33 are themselves considered hazardous wastes until cleaned free of the hazardous chemical.
- B. Prohibitions in the Disposal of Hazardous Chemical Wastes.
  - 1. No hazardous chemical wastes may be disposed of in a receptacle meant for ordinary (non-hazardous) solid waste (e.g. waste containers that are emptied by housekeeping personnel).
  - 2. The following are prohibited by MSD from discharge into a sanitary sewer or wastewater system:
    - a. Gasoline, petroleum distillates, fuel oil or mineral oil, xylene, benzene, toluene, petroleum ethers, or other immiscible, flammable compounds or mixtures thereof. (See Part C, Paragraphs 2 a,b of this Policy Letter, however, for the disposal of small amounts of certain watermiscible flammable liquids).
    - b. Noxious or malodorous gases.
    - c. Wastes containing a toxic substance that could interfere with any sewage treatment process or could constitute a hazard to humans or animals or create a hazard in the receiving waters or effluent of the sewage treatment plant.

A/R Division Safety Policy 3.1 Management of Hazardous Waste Page 3 of 6.

- d. Any chemical, such as a dye, that lends a deep color to the effluent sewage.
- C. Procedures for Disposal of Hazardous Chemical Compounds.
  - 1. Some chemicals can be safely treated in the laboratory to render them harmless before they are discharged into a sink. If you have questions about permissible treatment of a chemical to render it innocuous, call the Office of Environmental Safety and Services (OESS) before undertaking such a procedure.
  - 2. Some chemicals can be discharged into the sanitary sewer by an agreement with the MSSD, observing the following limitations:
    - a. Flammable organic compounds that are easily miscible with water (ethanol, acetone, methanol, propanol, dioxane, and the like) may be discharged slowly into the drain at a rate not to exceed 250 ml per hour, over an 8 hour day, and only if accompanied by a copious supply of running water.
    - b. Diethyl ether ("ethyl ether") may be discharged slowly at a rate not to exceed 100 ml per hour, over an 8 hour day, if accompanied by a copious supply of running water.
    - c. Solutions of cyanide compounds containing no more than 10 mg of CN-per liter can be discharged into a sewer line. [Caution must be used that the drain does not contain an acid that would cause the generation of deadly HCN gas]. Inorganic cyanides in higher concentrations can be destroyed by making a solution distinctly alkaline with sodium or potassium hydroxide and treating with an excess of sodium hypochlorite, calcium hypochlorite, or ferrous sulfate in a functioning fume hood with a draft of 150 to 200 linear feet per minute. Solid cyanide compounds must be delivered to OESS for proper disposal.
    - d. Wastes discharged to the sanitary sewer must not contain more than 7 mg/L phenolic compounds (e.g. phenol, catechols, resorcinol, naphthols).

A/R Division Safety Policy 3.1 Management of Hazardous Waste Page 4 of 6.

e. Toxic metal ions in wastewater shall not exceed the 24 hour average concentration listed in the following table, and at no time shall the concentration in a sink discharge exceed three (3) times the permitted 24-hour concentration, regardless of the wastewater flow:

Metal Ion	24 Hour Average (mg/L)	Instantaneous <u>Maximum Allowable</u>
Antimony	5	15
Arsenic	5	15
Barium	100	300
Beryllium	100	300
Cadmium	1	3
Chromium	50	150
Copper	15	45
Iron	150	450
Lead	2	6
Mercury	1	3
Nickel	20	60
Selenium	2	6
Silver	5	15
Zinc	30	90

(Concentrations listed are total metal ion, both soluble and insoluble).

- 3. Hazardous chemicals shall be delivered to a location designated by OESS for export to a disposal facility in accordance with DNR and EPA regulations. Hazardous wastes delivered to the OESS-designated location must be clearly labeled with a <u>durable label</u> and safely contained in suitable container.
- D. Procedure for Delivery of Hazardous Materials to the Office of Environmental Safety and Services.

An employee must request a Hazardous Chemicals Transfer Form (see Appendix B) which must be completed as fully as possible and returned to OESS. After review of the information submitted, OESS will contact the person wishing to transfer the hazardous chemicals giving instructions on when and where to bring them. Except in cases of large quantities of chemicals or those that present extreme hazards, OESS cannot spare personnel to assist with moving hazardous wastes.

A/R Division Safety Policy 3.1 Management of Hazardous Waste Page 5 of 6.

E. Unknown Chemicals Hazards.

Materials whose identity or composition are not known (e.g. a bottle that no longer has a label) cannot be discarded without first being identified. OESS will assist an employee in attempting to identify the unknown. If identification is not possible through simple tests, the Safety Office will arrange to have the material sent to an approved laboratory for analysis. A form providing information about the unknown (Appendix C) must be completed and delivered to OESS.

#### IV. RECOMMENDATION ON CONSERVATION MEASURES:

A large proportion of the excess hazardous chemicals received by OESS in the hazardous waste stream are the result of ordering larger quantities of chemicals than are actually needed. Purchasing chemicals in large volumes, either because of a favorable volume discount or to expend remaining funds at the termination of a grant year, has an associated cost to it. Each year the cost of getting rid of excess hazardous chemicals grows steadily higher and causes greater risks to the environment. The OESS urges investigators and departmental purchasers to consider carefully the <u>full cost</u> of buying more of a compound than is necessary to meet immediate needs.

#### V. REFERENCES:

- 1). 40 CFR Parts 260, et seq. dated 1 July 1985.
- 2). National Academy of Sciences, Prudent Practices For Disposal of Chemicals From Laboratories. National Academy Press, Washington, 1983.
- 3). National Academy of Sciences, Prudent Practices For Handling Hazardous Chemicals in Laboratories. National Academy Press, Washington, 1981.

A/R Division Safety Policy 3.1 Management of hazardous Waste Page 6 of 6.

VI. RESCISSION: None.

VII. REVIEW DATE:

October 1995.

VIII. <u>APPROVALS:</u>

Wendell Davis, Ph.D. Director of Environmental Safety and Services

Richard A. Matré, Ph.D.

Vice President for the Medical Center



MEDICAL CENTER A/R DIVISION SAFETY POLICY LETTER 3.1

TO: All Schools, Centers and Divisions of the Medical Center

DATE: 1 October 1992 (Revised)

SUBJECT: Management of

Hazardous Chemical Wastes

#### I. POLICY:

It is the policy of St. Louis University Medical Center that hazardous materials will not be discarded in a manner which will jeopardize the health of any employee, the public, or the environment. Policies of the United States Environmental Protection Agency (EPA), the Missouri Department of Natural Resources (DNR) and the Metropolitan St. Louis Sewer District (MSSD) will be observed as minimum requirements in the disposal of hazardous materials.

#### II. PURPOSE:

This Policy Letter establishes guidelines for the proper management and disposal of hazardous chemicals, mixtures containing hazardous components, and containers that have at one time held a hazardous material.

#### III. PROCEDURES:

- A. Definition of a Hazardous Waste.
  - 1. Employees of the A/R Division of the Medical Center are encouraged to take a broad view in defining "hazardous", that goes beyond simply those limitations in following paragraphs. Solid trash leaving the University ultimately enters a landfill. Any chemical placed in a trash container should be one which the disposer would not object to having in minute quantities in his or her drinking water, irrespective of what the law requires.
  - 2. A waste is a material that has served its original, intended purpose and cannot be reused, reclaimed, or recycled. Hazardous chemical wastes are those which because of their composition and character pose a substantial present or potential hazard to human health or the environment if improperly treated, stored, transported, or disposed of.

A/R Division Safety Policy 3.1
Management of Hazardous Waste
Page 2 of 6.

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- 5. Containers that have been used to store any of the compounds listed in 40 CFR Part 261.33 are themselves considered hazardous wastes until cleaned free of the hazardous chemical.
- B. Prohibitions in the Disposal of Hazardous Chemical Wastes.
  - 1. No hazardous chemical wastes may be disposed of in a receptacle meant for ordinary (non-hazardous) solid waste (e.g. waste containers that are emptied by housekeeping personnel).
  - 2. The following are prohibited by MSD from discharge into a sanitary sewer or wastewater system:
    - a. Gasoline, petroleum distillates, fuel oil or mineral oil, xylene, benzene, toluene, petroleum ethers, or other immiscible, flammable compounds or mixtures thereof. (See Part C, Paragraphs 2 a,b of this Policy Letter, however, for the disposal of small amounts of certain watermiscible flammable liquids).
    - b. Noxious or malodorous gases.
    - c. Wastes containing a toxic substance that could interfere with any sewage treatment process or could constitute a hazard to humans or animals or create a hazard in the receiving waters or effluent of the sewage treatment plant.

A/R Division Safety Policy 3.1 Management of Hazardous Waste Page 3 of 6.

- d. Any chemical, such as a dye, that lends a deep color to the effluent sewage.
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    - b. Diethyl ether ("ethyl ether") may be discharged slowly at a rate not to exceed 100 ml per hour, over an 8 hour day, if accompanied by a copious supply of running water.
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A/R Division Safety Policy 3.1 Management of Hazardous Waste Page 4 of 6.

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Chromium	50	150
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Iron	150	450
Lead	2	6
Mercury	1	3
Nickel	20	60
Selenium	2	6
Silver	5	15
Zinc	30	90

(Concentrations listed are total metal ion, both soluble and insoluble).

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A/R Division Safety Policy 3.1 Management of Hazardous Waste Page 5 of 6.

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#### .V. <u>REFERENCES:</u>

- 1). 40 CFR Parts 260, et seq. dated 1 July 1985.
- 2). National Academy of Sciences, Prudent Practices For Disposal of Chemicals From Laboratories. National Academy Press, Washington, 1983.
- 3). National Academy of Sciences, Prudent Practices For Handling Hazardous Chemicals in Laboratories. National Academy Press, Washington, 1981.

A/R Division Safety Policy 3.1 Management of hazardous Waste Page 6 of 6.

VI. RESCISSION: None.

VII. REVIEW DATE:

October 1995.

VIII. APPROVALS:

Wendell Davis, Ph.D. Director of Environmental Safety and Services

Richard A. Matré, Ph.D.

Vice President for the Medical Center



#### SAINT LOUIS UNIVERSITY HOSPITAL

3635 Vista Ave. at Grand Blvd. P.O. Box 15250 St. Louis, MO 63110-0250 314/577-8000

April 20, 1995

Judith A. Kalna Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, Missouri 63147-2913

Dear Ms. Kalna,

This letter is in response to your letter of March 27, 1995 regarding St. Louis University Hospital's solvent management plan, and what action has been taken to provide spill containment for our 250 gallon above ground fuel tank located at 1755 South Grand Blvd.

I have attached two Hospital Policies, one addresses "Hazardous Chemical Spills" and the other pertaining to "Hazardous Chemical Waste Disposal". The buildings that are covered by these policies are as follows:

St. Louis University Hospital (Desloy

3635 Vista Avenue

Anheuser Busch Eye Institute 1755 South Grand Blvd.

Wohl Memorial Hospital 1221 South Grand Blvd.

Drummond Hall Building 1220 South Spring Avenue

Spine/Hand Rehabilitation Building 1312 Carr Lane

Donco Building 1320 South Grand

New Hope Building 1200 South Grand Blvd. MacDonald Building 1310-1314 South Grand Blvd.

In the matter of the above ground fuel oil tank located at 1755 South Grand Boulevard, we have purchased from Lab Safety Supply Company the 3M Brand Oil Sorbent Booms, model QA15080. Those booms will be placed around the tank and kept there until replacement is warranted.

Respectfully yours,

Gary Rauschenbach, Director

**Building Services** 

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APR 2 4 1995

Environmental Compliance

enclosures



Division: Physician Services No: 06-8280.29 Department: Subject: Safety Hazardous Chemical Spill Approved: Effective: June, 1982

Approved: Review Dates: 6/83; 12/84; 1/89;

4/91; 3/93; 1/94;

12/85; 10/87; 3/90; Revised Dates: 4/91; 8/92; 1/95

#### POLICY

It is the policy of Saint Louis University Hospital that steps shall be taken to protect employees, patients and the public in the event of a hazardous chemical spill.

#### **PURPOSE**

To protect Hospital employees and the public against those hazards associated with the accidental release of hazardous chemicals.

#### **PROCEDURE**

#### LABORATORY OR DEPARTMENT

- 1. It is the responsibility of the Supervisor of each laboratory or department to be familiar with all chemicals used or stored in his/her lab or department. Each should possess MSDS on the chemicals used in their area, know the hazards associated with chemicals, and techniques for neutralizing or containing the spill. The department/ laboratory shall have prepared clearly marked Spill Kits to neutralize, stabilize, contain hazardous material incidents. department/laboratory personnel shall be trained in applicable hazardous material incidents and how to initiate emergency procedures.
- Small spills which pose no immediate health threat to 2. department/laboratory personnel or other building occupants shall be contained and cleaned up by the generating laboratory or department staff.
- 3. spill poses an immediate health threat to department/laboratory personnel or other building occupants, the EMERGENCY NUMBER "2222" should be called to notify emergency personnel and activate emergency procedures. The caller shall inform the operator that there is a Hazardous Material Incident, give his/her name and location, and the chemical(s) involved.

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Subject:

Hazardous Chemical Spill

If the incident involves radioisotopes, request that the Radiation Safety Officer be notified also.

A. Take steps to contain the spill and reduce potential exposures by evacuating the immediate area, closing doors to the area, and shutting off recirculated air.

DO NOT RE-ENTER SPILL AREA. WAIT FOR EMERGENCY RESPONSE PERSONNEL.

- 4. All waste resulting from the cleanup of a spill shall be retained. Disposal of waste shall be done only on the advice of the Hospital Safety Director.
- 5. Waste from any heavy metal spill, such as Mercury from a broken thermometer shall be removed and disposed only as advised by the Hospital Safety Director.
- 6. During the absence of the Hospital Safety Director, the Safety Director of the Health Sciences Center will be delegated full authority in directing chemical spill cleanup procedures in the hospital.

#### **OPERATOR**

- 1. When notified of a hazardous chemical spill, record the name of the reporting individual, the location of the spill, an extension at which he/she can be reached, and the name of the chemical(s).
- 2. A. If the spill involves radioisotopes, the Radiation Safety Officer shall be paged and telephoned.
  - B. If the spill involves non-radioactive chemicals, call the Chemical Spill Team members.
- 3. Notify Hospital Safety Director and give pertinent information.
- 4. Notify Public Safety and give pertinent information.

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Hazardous Chemical Spill

Subject:

Page No.

#### PUBLIC SAFETY

Shall report to the scene to secure the area, with transportation of needed equipment, and if necessary, initiate evacuation.

Shall complete Incident Report and forward a copy to Safety Department.

#### CHEMICAL SPILL TEAM

- The Chemical Spill Team shall report to the scene and advise Public Safety and other individuals involved as to: the hazards, cleanup procedures; evacuation of occupants; and safeguards to be taken.
- 2. All waste materials resulting from the cleanup of the spill shall be disposed of in accordance with local, state and federal regulations.
- If any of the chemicals involved in the spill enters 3. the sanitary or storm sewer system, the Senior Spill Team member will notify Metropolitan Sewer District and the specific type of chemical approximate quantity discharged into the sewer system.

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APR 2 4 1995



No: Division: Physician Services 06-8280.22 Hazardous Chemical Waste Department: Subject: Disposal Safety Approved: Effective: June, 1981 Approved: Review Date 2/83; 12/84; 12/87; 1/89; 4/91; 1/92; 1/93; 1/95 Revised Date \$2/82; 12/85; 3/90; 4/91; 1/95

#### POLICY

It is the policy of Saint Louis University Hospital (SLUH) that all departments shall have and comply with safety procedures for the disposal of any hazardous chemicals used or generated within their department.

#### **PURPOSE**

To safeguard the public and environment and assure compliance with the U.S. Environmental Protection Agency and Metropolitan Sewer District and all applicable Federal State and Local laws and regulations.

#### **ABBREVIATIONS**

1) <u>EPA</u>: Environmental Protection Agency of the United States

2) MSD: Metropolitan St. Louis Sewer District

# APR 2 4 1995

## DEFINITIONS

1) Waste: Any material which has served its original intended use and cannot be reused, reclaimed or recycled by SLUH.

Disposal: A material is disposed if it is placed in a dumpster, a sewer or drain, burned or incinerated, or packaged for shipment to an EPA-approved hazardous waste disposal or treatment/disposal facility.

3) Hazardous Chemical Waste: All materials which:

a) May pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, or disposed of, or otherwise managed because of the chemicals' characteristics;

Hazardous Chemical Waste Disposal

Subject:

Page No.

2

- characteristics of Exhibit any of the EPA b) ignitability, corrosivity, reactivity or toxicity;
- Are specifically listed in part 40 CFR 261.33 or C) Federal Register EPA Identification and Listing of Hazardous Waste; and/or
- Are identified as acutely toxic or which is a container or inner liner identified in part 40 CFR 261.33 (c) of the Federal Register EPA d) Identification and Listing of Hazardous Waste.

#### PROHIBITIONS FOR THE DISPOSAL OF HAZARDOUS CHEMICAL WASTES

NO hazardous chemical waste shall be disposed of in a receptacle meant to receive ordinary solid waste (e.g., wastebaskets which are emptied by housekeeping personnel).

The following are PROHIBITED by MSD from being discharged into a sanitary sewer system.

- Gasoline, petroleum distillates, fuel oil, mineral oil, xylene, benzene, toluene, petroleum ethers, or other non-miscible, flammable compounds or mixtures thereof. (See Procedure B-2 below for ethyl ether).
- Noxious or malodorous gases (except as detailed in Procedure B-3 below).
- No waste containing a toxic or poisonous substance which could interfere with any sewage treatment process or could constitute a hazard to humans or animals or create any hazard in the receiving waters of the effluent of the sewage treatment plant.

#### PROCEDURES FOR DISPOSAL OF HAZARDOUS CHEMICAL WASTES

- Careful treatment of wastes in the laboratory primarily limited to neutralization of acids or bases to render them harmless before pouring them into the sanitary sewer system.
- Discharge into the sanitary sewer, observing the following limitations:

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En in a musical Compliance



3

Hazardous Chemical Waste Disposal

Subject:

- 1. Flammable, organic compounds which are miscible with water (ethanol, dioxane, methanol, propanol, acetone, and the like) may be discharged into the drain at a rate of no more than 250 ml per hour over an 8 hour day.
- 2. Diethyl ether ("ethyl ether") discharged into the sanitary sewer should be limited to no more than 100 ml per hour over an 8 hour day.
- 3. Up to 10 milligrams per liter by weight of the following gases: Hydrogen sulfide, sulfur dioxide, nitrous oxide or chlorine.
- 4. Cyanides up to 10 mg per liter. (Cyanides above this concentration should be made alkaline with dosium hydroxide and mixed with an excess of calcium hypochlorite or ferrous sulfate solution in a fume hood.)
- 5. Disposal of acids or alkalis having a concentration greater than 1N should be limited to no more than 1 liter per hour. Caution: Remember that discharge of acids into sinks which contain cyanide or sulfide compounds can generate toxic gases in the laboratory.
- 6. Toxic metal ions, as listed below, shall not following with 24 hour average concentration in the wastewater, from any laboratory sink and at no time shall concentration in the sink discharge exceed three permitted times the average concentration regardless of rate of wastewater flow:

RECEIVED

APR 2 4 1995

Hazardous Chemical Waste Disposal

Subject:

	METAL ION	24-HOUR AVERAGE (milligram/liter)	INSTANTANEOUS MAXIMUM ALLOWABLE (milligram/liter)
	Antimony	5	15
	Arsenic	5	15
`	Barium	100	300
	Beryllium	100	. 300
	Cadmium	1	3
	Chromium	50	150
	Copper	15	45
	Iron	150	450
	Lead	2	6
	Mercury	1	3
	Nickel	20	60
	Selenium	2	6
	Silver	5	15
	Zinc	30	90

Note: Concentrations listed above are total substance (soluble plus insoluble).

- Waste which contain no more than 7 mg per liter phenols or phenolic compounds or derivatives of phenols (including cresols and nephthols).
- c. Removal and disposal of an EPA authorized hauler and disposer of hazardous waste:
  - The Safety Director of the Health Sciences Center shall be informed of all planned disposal of hazardous waste by a licensed hauler.
  - 2. The Safety Director of the Health Sciences Center shall review and approve all pickups of hazardous waste by a licensed hauler to a licensed disposal site.
  - All records of hazardous waste shipments shall be maintained by the Safety Director of the Health Sciences Center.

APR 2 4 1995

Environmental designition



5

Subject:

Hazardous Chemical Waste Disposal

- 4. The Safety Director of the Health Sciences Center shall compile and maintain a document file of all local, state and federal regulations concerning hazardous waste.
- 5. Any questions regarding the disposal of chemical wastes are to be directed to either the Hospital Safety Director or Health Sciences Center Environmental & Safety Services Office.



### Metropolitan St. Louis Sever District

File And SLU Hosp.

Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

February 6, 1995

Mark Haenchen
Radiation Safety Officer
st. LOUIS UNIVERSITY HEALTH SCIENCES CENTER
3556 Caroline Street
St. Louis, MO 63104-1085

Dear Mr. Haenchen:

Recently, the Metropolitan St. Louis Sewer District granted you approval to discharge certain levels of radioactivity to the District's sewers. This approval was given for an annual level of discharge. However, the starting basis for annual was not made explicit.

The approval for annual radioactive discharge levels is based on a calendar year. All approved discharges prior to January 1, 1995 will be considered part of the 1994 annual discharge level.

Please note that you must continue to limit your levels of radioactivity discharged to the District's sewers to the approved amount. The total discharge levels for each watershed were allocated based in part on your estimated needs.

If you have any questions, please call me at (314) 436-8717.

Sincerely, METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E. Industrial Waste Engineer

Darlo Misky

ph

pc: Tom Rawson - Anheuser Busch Eye Institute
1755 S. Grand Blvd, St. Louis, MO 63104
Al Wittrock - Cardinal Glennon Hospital
1465 S. Grand Blvd, St. Louis, MO 63104
Gary Rauschenbach - St. Louis U Health Sciences Center
- St. Louis U Hospital
P. O. Box 15250, St. Louis, MO 63110

## METH OLITAN ST. LOUIS SEWER DITRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION				
Company Name: Saint Louis University Hospital				
Permit No: 4//2/95/-00	•			
Premise Address: 3635 Vista at Grand	63104			
Reporting Period:   □(JAN-MAR) □(APR-JUNE	(OCT-DEC)			
PART II: RECORD OF DISPOSAL OF RADIOAC	TIVE MATERIALS TO THE SEWER SYSTEM			
RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)			
No disposals this guarter	<del></del>			
	·			
	00,301			
	Ship:			
	Environment Compliant			
TOTAL ACTIVITY DISCHARGED:	Ø			
PART III: CERTIFICATION STATEMENTS				
Place your initials in the boxes under item A whinformation under item B and sign this report.	ich apply to you. Everyone must complete the			
A. CERTIFICATION OF COMPLIANCE WITH STATE AN	D FEDERAL REGULATIONS			
20-10.090 governing disposal by release in	I certify that to the best of my knowledge and belief, all requirements of 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Missouri Department of Health have been met for the period covered by this report.			
20.2003 governing disposal by release int	I certify that to the best of my knowledge and belief, all requirements of 10 CFR Part			
B. RADIOACTIVE MATERIALS DISCHARGE REPORT CE				
I certify under penalty of Law that this documen	t and all attachments were prepared under my			
direction or supervision in accordance with a personnel properly gather and evaluate the information or persons who manage the system, or those the information, the information submitted is, to accurate, and complete. I am aware that there are information, including the possibility of fine	system designed to assure that qualified mation submitted. Based on my inquiry of the e persons directly responsible for gathering to the best of my knowledge and belief, true, the significant penalties for submitting false			
Print or type name of signing official: Mar	k G. Haenchen			
Title: Radiation Safety Officen	Telephone: 577-8609			
Title: Radiation Safety Officer  Signature: Much & Bounden	Date: Oct. 24, 1994			



# Metropolitan St. Louis Sewer District

Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

July 8, 1994

Mark Haenchen
Radiation Safety Officer
ST. LOUIS UNIVERSITY HEALTH SCIENCES CENTER
3556 Caroline Street
St. Louis, MO 63104-1085

Dear Mr. Haenchen:

We have reviewed your letters dated April 14, 1994 and June 27, 1994 requesting approval to discharge small quantities of radioactive material to the District for treatment. You indicated that St. Louis University Health Sciences Center anticipates a need to discharge approximately 500 millicuries per year from the facilities listed below.

As you were previously informed, District Ordinance 8472 limits the aggregate of all radioactive materials discharged from all users to the sewers tributary to each of the District's treatment plants to one curie per year. The facilities listed below all discharge wastewater to the District's Bissell Point Treatment Plant.

Based on the total level of requests received for discharges to this treatment plant, we can approve discharges of radioactive material in the quantities listed below.

Facility Name & Address	Wastewater <u>Permit?</u>	Amount Approved
Anheuser-Busch Eye Institute 1755 S. Grand Blvd. 63104	yes	120 mCi
Cardinal Glennon Hospital 1465 S. Grand Blvd. 63104	yes	5 mCi
Institute for Molecular Virology 3681 Park Ave. 63104	no	60 mCi
Pediatric Research Institute 3662 Park Ave. 63104	no	60 mCi
St. Louis University Health Sciences Center (Wohl) 1221 S. Grand Blvd. 63104	yes	5 mCi

Facility Name & Address	Wastewater Permit?	Amount Approved
St. Louis University Hospital 3635 Vista @ Grand 63104	yes	15 mCi
St. Louis University-Frost Campus 3505 Laclede Avenue 63103	no	15 mCi
St. Louis University Med. School 3556 Caroline St. 63104 3555 Vista Ave. 63104 1402 S. Grand Blvd. 63104	no	240 mCi

In your June 27, 1994 letter, you indicated that the requested values were estimates only, and wished to have all values totaled as an aggregate limit for all facilities. However, the District regulates facilities separately when they are distinct operations, as are those listed above. Therefore, the limits must apply separately for each individual facility.

Please note that all radioactive material discharged to the sewer system must be readily soluble, or readily dispersible biological material, in water. Should additional requests for discharge of radioactive material be received from users in the future, the level of radioactive material approved for discharge from the facilities listed above may be modified.

Under 10 CFR 20.2108, each Nuclear Regulatory Commission licensee is required to maintain records of the disposal of NRC licensed radioactive materials. Under 19 CSR 20-10.060, each Missouri Department of Health licensee is required to maintain records of the disposal of MDH licensed radioactive materials. District Ordinance 8472, Article VIII, Section Twelve provides for the District to require the submittal of reports to ensure compliance with the provisions of the Ordinance and with applicable State and Federal regulations.

As a condition of the District's approval of your request for discharge of radioactive material to the sewer system, a completed copy of the attached report must be submitted to the District on a quarterly basis from each facility. The quarters shall be January through March, April through June, July through September, and October through December. The reports shall be due by the 28th day of the month following the end of the quarter. You are required to certify compliance with both state and federal regulations. The first reports due shall cover the period July 1, 1994 through September 30, 1994 and are due by October 28, 1994.

For those facilities listed above with Industrial Wastewater Discharge Permits, they will be modified to incorporate this approval and the reporting requirements. The reports are to be submitted at the same time as the required wastewater self-monitoring reports. For those facilities listed above without

permits, you must mail the reports to the following address:

METROPOLITAN ST. LOUIS SEWER DISTRICT DEPARTMENT OF ENVIRONMENTAL COMPLIANCE 10 East Grand Avenue St. Louis, MO 63147

All previous approvals to Saint Louis University Health Sciences Center or any of the facilities listed above to discharge radioactive material to the District are superseded. This approval is not intended to relieve St. Louis University Health Sciences Center or any of the facilities listed above of any requirements set forth under applicable state or federal regulations. In addition, all provisions of District Ordinance 8472 must continue to be met.

If you have any questions, please call me at (314) 436-8717.

Sincerely, METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.

Industrial Waste Engineer

Enclosure

pc Gunter Durdel - MSD
Tom Rawson - Anheuser Busch Eye Institute
1755 S. Grand Blvd, St. Louis, MO 63104
Al Wittrock - Cardinal Glennon Hospital
1465 S. Grand Blvd, St. Louis, MO 63104
Gary Rauschenbach - St. Louis U Health Sciences Center
- St. Louis U Hospital
P.O. Box 15250, St. Louis, MO 63110

# METICOLITAN ST. LOUIS SEWER DICRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION	
Company Name:	
Permit No:	
Premise Address:	
Reporting Period:   □(JAN-MAR) □(APR-J	UNE)   □(JULY-SEPT)  □(OCT-DEC)
PART II: RECORD OF DISPOSAL OF RADIO	DACTIVE MATERIALS TO THE SEWER SYSTEM
RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
TOTAL ACTIVITY DISCHARGED:	
PART III: CERTIFICATION STATEMENTS	
Place your initials in the boxes under item A information under item B and sign this report	which apply to you. Everyone must complete the
A. CERTIFICATION OF COMPLIANCE WITH STATE	E AND FEDERAL REGULATIONS
20-10,090 governing disposal by release	edge and belief, all requirements of 19 CSR Part e into sanitary sewage for material regulated by
the Missouri Department of Health have	been met for the period covered by this report.
20,2003 governing disposal by release	edge and belief, all requirements of 10 CFR Part into sanitary sewage for material regulated by been met for the period covered by this report.
B. RADIOACTIVE MATERIALS DISCHARGE REPORT	CERTIFICATION
direction or supervision in accordance wit personnel properly gather and evaluate the in person or persons who manage the system, or t the information, the information submitted i	mment and all attachments were prepared under my h a system designed to assure that qualified formation submitted. Based on my inquiry of the hose persons directly responsible for gathering s, to the best of my knowledge and belief, true, e are significant penalties for submitting false ine and imprisonment for knowing violations.
Print or type name of signing official:	
	Telephone:
Signature:	Date:

radrpt 6/94



### Metropolitan St. Louis Sewes District



Department of Environmental Compliance 10 East Grand Avenue St. Louis. MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

March 11, 1994

Gary Rauschenbach Director of Bldg Services ST. LOUIS UNIVERSITY HOSPITAL 3635 Vista Ave. at Grand Blvd. P.O. Box 15250, St. Louis, MO 63110

Dear Mr. Rauschenbach:

It is the District's policy to notify our customers when someone has requested information on the quality of their wastewater discharge or seeks other information in our files. We have received a request for such information from a reporter for the Riverfront Times.

The reporter has requested that we make available for him an electronic copy of all information stored in the District's computerized industrial pretreatment database for Significant Industrial Users. Such information includes the nature of manufacturing or service activities conducted, names of responsible parties, raw materials and products, volume and quality of wastewaters discharged and other non-confidential information obtained by the District pursuant to the Federal Pretreatment Regulations in 40 CFR 403. Under existing laws the District is required to comply with this request.

Should you have any questions or if you need additional information, please do not hesitate to contact us at 436-8717.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E. Industrial Waste Engineer

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